HEALTH FACILITY FAMILY PLANNING DAILY REGISTER

PREPARED BY:

DEPARTMENT OF HEALTH PLANNING AND RESEARCH
NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM (NHMIS) UNIT
ABUJA

NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM
DAILY FAMILY PLANNING

1. NAME OF HEALTH FACILITY _____ 2. WARD_____ 3. LGA_____ 4. STATE_____ 5. Month/Year _____ 6. SDP_____

7. DATE	8. S/N	9. NAME OF CLIENT	10. CLIENT Number	11. SEX	12. AGE	13. ORAL PILLS			14 INJECTION		15. IUD			16. CONDOMS			17. IMPLANT		18. NATURAL METHODS	19. STERILISATION	20. NO. OF REFERRAL					
											IN		OUT													
						NA	RV	QTY	NA	RV	NA	RV		NA	RV	QTY	IN	OUT			OR	IJ	IP	IUD	SR	MR

Key ** NA = New Acceptor RV = Revisit QTY = Quantity given POS = Point of Service SDP = Service Delivery Point I = Referred-in N=Noristerat
*** IUD = Intra-uterine Device IJ = Injectable IP=Implant OR = Oral Pills SR = Surgical Referral (STER) MR = Medical Referral U = Referred-out D=Depo Provera
Natural Methods include rhythm or calendar method, ovulation mucus method, symptothermal method and lactational amenorrhoea method.

21. Name of reporting officer _____ 22. Designation _____ 23. Signature _____ 24. Date _____