



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

MEDICAL RECORD DEPARTMENT

Hospital Name		District				
Name of the Patient		MRD No/UHID No:				
Age	Gender	M	F	O	Ward No:	
Address		Date of Admission:-				
Contact No.		Date of Discharge:-				
Consulting Doctor Name		Mortality	YES	NO		
Final Diagnosis						
Procedure done (if any)						

Sl. No.	Medical Documentation	Checklist			Remarks (if any)
1	OPD/Day Care Slip/Rabies Immunisation	YES	NO	NA	
2	Discharge Summary	YES	NO	NA	
3	Admission Slip/Order	YES	NO	NA	
4	Signed Consent for Treatment	YES	NO	NA	
5	Doctor Progressive Notes	YES	NO	NA	
6	Nurses Record	YES	NO	NA	
7	BP, RR, Pulse and Temperature Chart	YES	NO	NA	
8	Blood Sugar Chart	YES	NO	NA	
9	Intake Output Chart	YES	NO	NA	
10	Laboratory/Investigation Report	YES	NO	NA	
11	Pre-Operative Record	YES	NO	NA	
12	Anaesthesia Record	YES	NO	NA	
13	Operation Report	YES	NO	NA	
14	Operation Recovery Record	YES	NO	NA	
15	ECG Chart	YES	NO	NA	
16	Diet Plan Chart	YES	NO	NA	
17	Physiotherapy/Other Consultation	YES	NO	NA	
18	Death Certificate	YES	NO	NA	
19	MLC Letter Copy	YES	NO	NA	

Name of Nurse in Charge of Medical Documentation: _____ _____	Name of in Charge of Medical Documentation: _____ _____
Signature	Signature
Date	Date and Time of Receipt of Medical Documentation: