|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Condition Assessment Form**  About this form: To gather basic information about the patient upon arrival at the health facility  including their health condition. Can be used to compare health conditions of patients arriving at a  health facility via different modes of transport. | | | | |
|  |
| **1** | Unique Identification Number: |  | | | |
| **2** | Date: |  | | | |
| **3** | Health Centre name: |  | | | |
| **4** | Name and signature of Health Worker |  | | | |
| **5** | Patient’s name (sick person/child) |  | | | |
| **6** | Patient’s address |  | | | |
| **7** | Time of call made for emergency transport | **: AM/PM** | | | |  |
| **8** | Time of departure from start location/home | **: AM/PM** | | | |  |
| **9** | Time of arrival at health facility/hospital | **: AM/PM** | | | |  |
| **10** | **(Complete only in case of referral)**  Time of Referral requested | **: AM/PM** | | | |  |
| **11** | **(Complete only in case of referral)**  Time of Departure | **: AM/PM** | | | |  |
| **12** | Vital Signs Assessment | *Complete on table below* | | | |
|  |  |  |  |  |  |
|  | TEMP |  |  |  |  |
|  | PULSE |  |  |  |  |
|  | BP systolic (top) |  |  |  |  |
|  | BP diastolic (bottom) |  |  |  |  |
|  | RESPS |  |  |  |  |
|  | URINE |  |  |  |  |
|  | **TOTAL** |  |  |  |  |

