150-4—3,50,000 Cps.—2-1-15-[HCL-7]

MEDICAL RECORD AND CHECK LIST FOR FEMALE / MALE STERILIZATION
(to be filled before commencing the operation)

NAME OF THE ACCEPTOR: **DATE:**

ADDRESS:

A. ELIGIBILITY

Client is within eligible age	Yes	No .....
Client is ever married	Yes	No .....
Client has at least one child more than one year old	Yes.....	No .....
Lab. investigations (Hb, urine) undertaken are within normal limits	Yes	No .....
Medical status as per clinical observation is within normal limits	Yes	No .....
Mental status as per clinical observation is normal	Yes	No .....
Local examination done is normal	Yes	No .....
Informed consent given by the client	Yes	No .....
Explained to the client that consent forms has authority as legal document	Yes	No .....
Abdominal / pelvic examination has been done in the female and is WNL	Yes	No .....
Infection prevention practices as per laid down standards	Yes	No .....

B. MEDICAL HISTORY

Recent Medical Illness	Yes	No .....
Previous Surgery	Yes	No .....
Allergies to medication	Yes	No .....
Bleeding Disorder	Yes	No .....
Anemia	Yes	No .....
Diabetes	Yes	No .....
Jaundice or liver disorder	Yes	No .....
RTI / STI / PID	Yes	No .....
Convulsive disorder	Yes	No .....
Tuberculosis	Yes	No .....
Malaria	Yes	No .....
Asthma	Yes	No .....
Heart Disease	Yes	No .....
Hypertension	Yes	No .....
Mental Illness	Yes	No .....
Sexual Problems	Yes	No .....
Prostatitis	Yes	No .....
Epididymitis	Yes	No .....
H/O Blood Transfusion	Yes	No .....
Gynecological Problems	Yes	No .....
Currently on medication (if yes specify)	Yes	No .....

Comments.....

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PHYSICAL EXAMINATION

BP..... Pulse..... Temperature.....

Lungs	Normal	Abnormal.....
Heart	Normal	Abnormal .....
Abdomen	Normal	Abnormal .....

C. LOCAL EXAMINATION

1. MALE STERILIZATION

Skin of Scrotum	Normal	Abnormal.....
Testis	Normal	Abnormal.....
Epididymis	Normal	Abnormal.....
Hydrocele	Yes	No .....
Varicocele	Yes	No .....
Hernia	Yes	No .....
Vas Deferens	Normal	Abnormal .....
Both Vas Palpable	Yes	No .....

2. FEMALE STERILIZATION

External Genitalia	Normal	Abnormal .....
RV Examination	Normal	Abnormal .....
PS Examination	Normal	Abnormal .....
Uterus Position	A / V	R/ V .....
	Mid Position	Not determined .....
Uterus size	Normal	Abnormal .....
Uterus Mobility	Yes	No .....
Cervical Erosion	Yes	No .....
Adnexa	Normal	Abnormal .....

Comments.....
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D. LABORATORY INVESTIGATIONS

Hemoglobin Level	..... Gms%	
Urine: Albumin	Yes 1	No 2
Urine: Sugar	Present..... 1	Absent 2
Any Other (Specify)	.....	

Name:

Signature of the Examining Doctor.

HOSPITAL SEAL