

DEFENCE HEALTH MAINTENANCE ORGANIZATION

Monthly Facility Reporting Form

Name of Facility:

Zone:

Month & Year:

A. Client Accessing Services

S/N	Clients	Achievement						Means of Verification / Comments
		In the month			Cumulative			
(a)	(b)	(c)			(d)			(e)
	Serving Personnel	M	F	Total	M	F	Total	
1.	Number receiving regular service covered by the Capitation							
2.	Number receiving secondary or tertiary services							
	Retired Personnel							
3.	Number receiving regular service covered by the Capitation							
4.	Number receiving secondary or tertiary services							
	Dependants							
5.	Number receiving regular service covered by the Capitation							
6.	Number receiving secondary or tertiary services							
	Total number of persons provided services under the scheme (Serving and Retired Personnel and Dependants)							

B. Manpower Disposition

Manpower		Number of Staff in the Facility who are:			Remarks
		Full time	Part time	Total	
S/N	Manpower				
(a)	(b)	(c)	(d)	(e)	(f)
1.	Medical doctor				
2.	Pharmacist				
3.	Registered nurse/midwife				
4.	Community health officer/social works				
5.	Laboratory scientist				
6.	Laboratory technician/assistant				
7.	Pharmacy technician/assistant				
8.	Nutritionist				
9.	Medical records officer/data entry clerk				
10.	Counselor (including spiritual)				
11.	Accountant (finance staff)				
12.	Auxiliary nurses, health assistance. CHEWS etc				

C. Range of Services Provided

S/N	Services	Comments	Remarks
(a)	(b)	(c)	(d)
1.	Maternity Services / Pregnancy Care		
2.	Immunization		
3.	Health Education		
4.	Family Planning		
5.	ANC		
6.	Post Natal Care		
7.	Emergency Services		
8.	Lab services		
9.	X Ray		
10.	Minor Surgery		
11.	Eye Treatment (Refer to Guideline)		
12.	Preventive Dental Care (Refer to Guideline)		
13.	Orthopedic Services		
14.	Others (Please Specify)		

General Comments:

Do you have an Updated list of eligible Persons? Yes ; No

Is Payment from DHMO regular and timely? Yes ; No

Others (please specify)
Officer

Name and Signature of Reporting

Date Report Received at Zone:

Date of Report: