

# **Integrated Child Development Services**



## Referrals

	Name	Code
District		
ICDS Project (Block)		
Sector		
Village/Ward		
Anganwadi Centre		
Anganwadi Worker		
Anganwadi Helper		



Ministry of Women & Child Development Government of India

#### Section 1: Case Management and Referrals - Children

1	2	3	4	5	6	7	8	9	10	11	12
Sl.	Sl. No.	Sl. No.	Name of child and	Age	Sex	Date first		ŀ	l Health Prob	lem	
No.	of family	within family	Name/phone no. of parents		M/F	seen for current illness	Premature	Sepsis	Diarrhoea	Pneumonia	Fever

13	14	15	16	17	18	19	20	21	22
Health P		Treatment details	Referred to 1. SHC	Referred on	Whether reached	Statu	s on next	reporting	date
Severely under- weight	Other		2. PHC 3. CHC 4. Private hospital	(Date of	a facility (Yes/No)	Fully cured	Partly recovered	No change	Dead

### Section 2: Case Management and Referrals - Pregnant and Lactating women

1	2	3	4	5	6	7	8	
Sl. No.	Sl. No.	Sl. No. within	Name of		Health Problem			
NO.	family	family	Pregnant / Lactating woman and phone no.	Bleeding	Convulsions	Prolonged labor	Abortion complications	

			l						
9	10	11	12 13		14	15 16 17 1			
Health Problem Fever/offensive		Treatment details	Referred to Referred  1. SHC on	reached L	, ,				
discharge after delivery	Other		1. SHC 2. PHC 3. CHC 4. Private hospital	(Date of referral)	a facility (Yes/No)	Fully cured	Partly recovered	No change	Dead

#### **Section 3: Case Management and Referrals - Others**

1	2	3	4	5	6	7
Sl. No.	Sl. No. of family	Sl. No. within family	Name of the person and phone no.	Age	Sex M/F	Health Problem

8	9	10	11	12	13	14	15
Treatment details	Referred to	Referred on	Whether reached	Statu	s on next	reporting	date
	1. SHC 2. PHC 3. CHC 4. Private hospital	(Date of referral)	a facility (Yes/No)	Fully cured	Partly recovered	No change	Dead