

**Form-B**  
**[See rule 6 (3)]**

**1. Basic Medical Record of all out-patients (at hospitals, nursing homes, private clinics, camps, mobile clinics, primary health care centers and other community outreach programmes, and the like matters):**

(In hard copy format)

a) Name of the mental health establishment/doctor\_\_\_\_\_

b) Date\_\_\_\_\_

c) Hospital registration number\_\_\_\_\_

d) Advance Directive YES/NO

e) Patient's Name \_\_\_\_\_

f) Age \_\_\_\_\_ Sex \_\_\_\_\_

g) Father's/Mother's name\_\_\_\_\_

Address \_\_\_\_\_ Mobile No.\_\_\_\_\_

h) Chief complaints \_\_\_\_\_

i) Provisional diagnosis \_\_\_\_\_

j) Treatment advised and follow-up recommendations\_\_\_\_\_