

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

**2. Basic Medical Record of In-Patient**

- a) Name of the hospital/nursing home \_\_\_\_\_
- b) Date \_\_\_\_\_
- c) Patient's name \_\_\_\_\_
- d) Father's/Mother's name \_\_\_\_\_
- e) Age \_\_\_\_\_ Sex \_\_\_\_\_
- f) Address \_\_\_\_\_
- g) Patient accompanied by (Name, age and nature of relationship)  
\_\_\_\_\_
- h) Hospital registration number \_\_\_\_\_
- i) Identification marks \_\_\_\_\_
- j) Nominated representative \_\_\_\_\_
- k) Advanced Directive - Yes or No; If yes salient features of the content \_\_\_\_\_
- l) Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_
- m) Mode of admission (section under Mental Healthcare Act, 2017): Independent/  
Supported
- n) Chief complaints \_\_\_\_\_
  
- o) Summary of Medical Examination Laboratory investigations \_\_\_\_\_

p) Provisional/differential/ final diagnosis

q) Course in the hospital (Treatment and Progress)

r) Condition at discharge or discharge at request or leave against medical advice or person with mental illness absconding or others

s) Treatment advice at discharge

t) Follow-up recommendations