CBHI form No.	10
Annual	

## PROFORMA FOR COLLECTION OF INFORMATION FROM SPECIALISED MENTAL INSTITUTION

- 1 No column should be left blank
- 2 Not applicable portion should be crossed New Patients means first entrance/admission of patients in out-door/in-door
- 3 departments of the hospital
- 4 Total patients means the new and old patients treated in the hospital Patients discharged means total number of discharges including old patients
- 5 excluding deaths from the hospital (deaths are to be reported separately in the proforma)

## 1.IDENTIFICATION DETAILS

		I.IDEN I	IFICATION	DETAILS	•				
1	Name of Hospital/Institu	ution							
2	Postal Address with Pir	icode							
3	Telephone No								
4	Fax No								
5	Email Address(if any)								
6	Controlling Authority*								
	*:central/state/autonom	ous/local	govt bodie	es/private/\	oluntary orga	anisation			
2.	FACILITIES AVAILABL				HE YEAR			]	7
1	Sanctioned Bed Strength at the beginning of Year:								
2	2 Total Beds available including extra beds at the beginning of the year:								
3	3 Has the Hospital Psychiatric OPD (Yes/No):								
4	4 Has the Hospital a child guidance clinic (Yes/No) :								
	3.NO. OF PATIENTS T							NIC	_
		OUT-DOOR PATIENTS CHILD GUIDANCE CLII  No. of children t							
		М			f children t	reated T +	-		
a)	New Patients	IVI	Г	l l	M	Г		1	
b)	Old Patients							1	
c)	Total(a+b)							1	

## 4. INDOOR PATIENTS TREATED DURING THE YEAR

		M	F	T
1	No of old patients remaining as on 1st Jan			
2	No of new patients admitted during the year			
3	Total(1+2)			
4	No of patients discharged alive (old&new) excluding deaths during the year			
5	No of patients (old&new) died during the year			
6	No of patients remained in the hospital as on 1st Jan of next year *			

<sup>\*:</sup> These figures should tally with figures in item 3 minus figures in items 4 & 5