

**PART D**

System of Medicine \_\_\_\_\_ Clinic / Consulting Room

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

Name of the Doctor : XXXXXX

**Register of Patients**

Date :

Serial No	Name of the Patient and address	Mobile No./ Contact No. if available	Age	Sex	Provisional Diagnosis	Investigations if any	Final diagnosis	Treatment	Result Cured / Same condition / Referred / Expired	Additional information if any	Initial of the Medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1.											
2.											
3.											
4.											

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken authenticated by the Hospital authorities

**PART C**

System of Medicine \_\_\_\_\_ Hospital / Nursing Home

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

**Admission and Discharge Register of Patients**

S. No	Name of the Patient and address	Mobile No.	Age	Sex	Hospital IP No.	Date of Admission	Provisional Diagnosis	Investigations if any	Final diagnosis	Treatment	Date of Discharge	Result Cured / Same condition / Referred / Expired	Additional information if any	Initial of the medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1.														
2.														
3.														
4.														

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken and signed by the Hospital authorities.

2. The hospital shall maintain individual case sheets for the patients

**PART E**

System of Medicine

Hospital / Nursing Home

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

**Operation Register**

**Operation Theatre** (Please specify the OT either Maternity / General / Ortho etc., as the case may be)

S. No	Name of the Patient and address	Mobile No.	Age	Sex	Date of Admission	Hospital IP No.	Provisional Diagnosis	Investigations if any	Operation performed	Operating Surgeon and Assistant	Anaesthetist	Staff Nurse Assisted	Operation-Time (From to)	Operation Notes	Transferred to which ward	Additional information if any	Initial of the Medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Note: If electronic records are maintained, and / or existing registers capture this information, a monthly print outs / copy shall be taken and it shall be authenticated by the Hospital authorities.

**FORM III**

(see rule 12)

**PART A.**

System of Medicine

Clinical Laboratory:

Tamil Nadu Clinical Establishment Regulation Act Registration no. :

**Register of Laboratory Test Conducted**

Date :

S. No	Name of the Patient and address	Mobile No.	Age	Sex	ID No.	Referring Doctor	Provisional Diagnosis	Investigations Specimen	Investigation performed	Method of Investigation and Equipment	Result	Additional information if any	Initial of the Medical Officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1.													
2.													
3.													
4.													
5.													

Note: If electronic records are maintained and / or existing registers capture this information, a monthly print outs / copy shall be taken and signed by the authorities concerned.

**PART B**

System of Medicine

Clinical Laboratory

Tamil Nadu Clinical Establishment  
Regulation Act Registration no. :

Register for Imaging techniques USG/X Ray/ CT/MRI/PET etc. Laboratory Test Conducted

Date :

S. No	Name of the Patient and address	Mobile No.	Age	Sex	ID No.	Referring Doctor	Provisional Diagnosis	Investigations Specimen	Investigation performed	Method of Investigation and Equipment	Result	Additional information if any	Initial of Medical officer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1.													
2.													
3.													
4.													
5.													

Note: If electronic records are maintained, and / or existing registers capture this information, a monthly print outs / copy shall be taken and signed by the Medical Officer.