## COMMUNITY HEALTH NURSING ACTIVITIES

For use of this form, see AR 40-407;
the proponent agency is the Office of The Surgeon General

ACTIVITIES *(check applicable box)* ☐ DAILY ☐ MONTHLY ☐ WEEKLY

DATE

*REQUIREMENT CONTROL SYMBOL MED-371*

### SECTION A - VISITS (MCC Units)

| | PROGRAM CLASSIFICATION | TYPE OF VISIT | | | | | | PERSONNEL CATEGORY | | | | | | AGE GROUP | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | PREVIOUS TOTAL b | HOME c | WARD d | CLINIC/ OFFICE e | OTHER f | CUMULA-TIVE TOTAL g | AD ARMY h | AD OTHERS i | RET MIL j | AD DEPNS k | RET MIL DEPNS l | OTHERS m | 0 - 12 MONTHS n | 1 - 4 YEARS o | 5 - 14 YEARS p | 15 - 19 YEARS q | 20 - 39 YEARS r | 40 - 64 YEARS s | 65 YEARS & OLDER t |
| 1 | MATERNAL AND CHILD | | | | | | | | | | | | | | | | | | | |
| | A. ANTEPARTUM | | | | | | | | | | | | | | | | | | | |
| | B. POSTPARTUM | | | | | | | | | | | | | | | | | | | |
| | C. NEWBORN | | | | | | | | | | | | | | | | | | | |
| | D. PREMATURE | | | | | | | | | | | | | | | | | | | |
| 2 | CHILD ABUSE AND NEGLECT | | | | | | | | | | | | | | | | | | | |
| 3 | SOCIO-ECON INVESTIGATION | | | | | | | | | | | | | | | | | | | |
| 4 | HANDICAPPING CONDITIONS | | | | | | | | | | | | | | | | | | | |
| 5 | HEALTH PROMOTION | | | | | | | | | | | | | | | | | | | |
| 6 | INJURIES | | | | | | | | | | | | | | | | | | | |
| 7 | MENTAL HEALTH | | | | | | | | | | | | | | | | | | | |
| 8 | RETARDATION | | | | | | | | | | | | | | | | | | | |
| 9 | DISEASE CONTROL | | | | | | | | | | | | | | | | | | | |
| | A. ARTHRITIS | | | | | | | | | | | | | | | | | | | |
| | B. CANCER | | | | | | | | | | | | | | | | | | | |
| | C. CARDIO-VASCULAR | | | | | | | | | | | | | | | | | | | |
| | D. CHRONIC RESPIRATORY | | | | | | | | | | | | | | | | | | | |
| | E. DIABETES | | | | | | | | | | | | | | | | | | | |
| | F. OTHER CHRONIC | | | | | | | | | | | | | | | | | | | |
| | G. HEPATITIS | | | | | | | | | | | | | | | | | | | |
| | H. TB *(Active & Reactivated)* | | | | | | | | | | | | | | | | | | | |
| | I. TB *(Surveillance)* | | | | | | | | | | | | | | | | | | | |
| | J. VENEREAL | | | | | | | | | | | | | | | | | | | |
| | K. OTHER COMMUNICABLE | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | |
| 12 | **TOTAL VISITS** *(MCCU)* | | | | | | | | | | | | | | | | | | | |

### SECTION B - CLINICS, CLASSES *(MCC Units)*

| | CLINIC OR CLASS a | SESSIONS *PT b | SESSIONS NO. c | SESSIONS *CT d | ATTENDANCE PT e | ATTENDANCE NO. f | ATTENDANCE CT g |
|---|---|---|---|---|---|---|---|
| 13 | WELL BABY | | | | | | |
| 14 | IMMUNIZATIONS | | | | | | |
| 15 | CHILD HEALTH | | | | | | |
| 16 | PRENATAL | | | | | | |
| 17 | POST PARTUM | | | | | | |
| 18 | EXPECTANT PARENT | | | | | | |
| 19 | DIABETIC | | | | | | |
| 20 | TB | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | **TOTAL CLINICS/CLASSES** *(MCCU)* | | | | | | |

### SECTION C - CASELOAD *(Non-MCC Units)*

| | FAMILY RECORDS a | NUMBER b | PATIENTS c |
|---|---|---|---|
| 26 | TOTAL-BEGINNING OF REPORT | | |
| 27 | OPENED | | |
| 28 | CLOSED | | |
| 29 | TOTAL-END OF REPORT | | |

### SECTION D - MISCELLANEOUS

| | ACTIVITIES a | NUMBER b |
|---|---|---|
| 30 | REFERRALS IN | |
| 31 | REFERRALS OUT | |
| 32 | TELEPHONE VISITS | |
| 33 | UNABLE TO LOCATE VISITS | |
| 34 | CONFERENCES IN BEHALF OF PATIENTS | |
| 35 | CONFERENCES IN BEHALF OF PROGRAM | |

36. OTHER PROGRAM ACTIVITIES *(Administration, staff development, meetings, etc.) (Continue on reverse)*

NAME OF REPORTING INSTALLATION

NAME OF INDIVIDUAL PREPARING REPORT