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RASHTRIYA SWATHYA BIMA YOJANA

WELLNESS CHECK SCHEDULE:

Name of the PHF:

District:

State:

Date of wellness check:

Time start:

Time end:

| | |
|---|--|
| Name of the beneficiary: | |
| S/o , D/o ,W/o | |
| Smart card URN number | |
| Mobile number / Telephone number of the beneficiary | |

To be collected from the smart card

| | |
|---|-----------------------------|
| Name of the PHF personnel doing wellness check: | |
| Date of wellness check: | Time start: Time end |

Operational manual for RSBY

1. Patient History

| | | |
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| 1. Habits: | 1. Smoking | Yes / No |
| | 2. Alcohol | Yes / No |
| | 3. Drug abuse | Yes / No |
| 2. History of pre-existing conditions: | 1. Hypertension | Yes / No |
| | 2. Diabetes | Yes / No |
| | 3. Asthma, chronic bronchitis | Yes / No |
| | 4. Bleeding Disorders | Yes / No |
| | 5. Epilepsy | Yes / No |
| 3. History of allergies | 1. Penicillin | Yes / No |
| | 2. Sulpha | Yes / No |
| | 3. NSAIDs | Yes / No |
| 4. History of immunisation | | |
| Children of up to 5 or 6 years: | 1. Fully immunised as per national schedule | Yes / No |
| | 2. Partially immunised,- if any of the vaccinations are not taken. | Yes / No |
| | 3. if No immunisation | Yes / No |
| Pregnant women | 1. TT | Yes / No |
| | 2 TT2 | Yes / No |

Operational manual for RSBY

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| 5. History of Previous surgery. (Major procedure only) | 1. Head | Yes / No |
| | 2. Neck | Yes / No |
| | 3. Thorax | Yes / No |
| | 4. Abdomen | Yes / No |
| | 5. Bone | Yes / No |
| | 6. Ob & Gyn | Yes / No |
| 6. Present complaints | H/o of cough for more than 15 days. | Yes / No |
| | Sputum with blood | Yes / No |
| | Chest pain with palpitation | Yes/ No |
| | Rapid weight loss during last 3 months | Yes/ No |
| | Pain and blood in urine | Yes/ No |
| | Any episodes of unconsciousness | Yes/ No |
| | Blood in stools during/ after defecation | Yes / No |
| | Not able to see properly | Yes/ No |
| | Fever | Yes/ No |
| For women | Is the women Pregnant | Yes/ No |
| | Pain and bleeding during Menses | Yes/ No |
| | Any mass or lump in the breast | Yes / No |

Operational manual for RSBY

| | | |
|--|---|-----------|
| | Any mass protruding out and down from below | Yes / No |
| If the answer is Yes to any of the questions at 6, refer for treatment | | |
| 7. Patient parameters | 1. Height | (in cms) |
| | 2. Weight: | (in kgs) |
| | 3. BMI - automatically calculated | |
| | 4. Blood Pressure | |
| | 5. Blood Group | |
| | 6. Haemoglobin | |
| | 7. Urine Sugar | |
| | 8. Urine Albumin | |
| 8. Treatment Provided | Fever or general complaints | Yes/ No |
| | Preventive Immunizations: | Yes/ No |
| | Collection / utilization of Family welfare services | Yes/ No |
| 9. Counselling and advise | 1. Family welfare and immunization activities | Yes/ No |
| | 2. Counselling for HIV/STD if available | Yes/ No |

Signature or
Thumb impression of beneficiary

Signature of MO/ Para medic