

Referral card for baby filled on the basis of case presentation

Referral card

Referral of newborn

Name of mother: **Daramba**

Name of village: **Khursa**

Gestation: **8** months **20** days

Birth weight: **2 Kg 600 grams**

Whether cried immediately after birth: **Yes** / No

Problem for which baby is being referred: **4th day weak cry and suckling less.**

No improvement in 24 hours after giving treatment of sepsis.

Treatment given so far:

Name of medicine

Given for how many days

1. **Cotrimoxazole**

1 day

2.

3.

Date : **20 January 2008**

Name of ASHA : **Sangita**

Referral of mother

Referral (encircle the appropriate): During pregnancy / during delivery / after delivery

Name of mother: _____ Name of village: _____

ANC care received:

TT injections: One / two

ANC check-up: One / two / three times In PHC / sub center/ ANM / Private hospital

Problem for which mother is being referred: _____

Treatment received:

Date

Name of ASHA