

# Information and Statistics from Clinical Establishments under the Clinical Establishment Act

## Homoeo

### Part I: Registration Particulars

A. General Information		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat(Select from the list)	
8	Taluk(Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	
14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine(code)	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Specialty practice/ Medical Super-Specialty /Surgical Super Specality (Code) (Modern medicine only)	
24	If Speciality / Medical Super-Specialty /Surgical Superspecialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homeo/Unani/Sidha/ Yoga and Naturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

#### Codes:-

**Item no 18**–Modern Medicine -1, Ayurveda - 2, Homeo - 3, Unani –4, Sidha - 5, Yoga and Naturopathy –6

**Item no 20** – State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6, Police – 7, Railway – 8, Others - 9

**Item no 21** -Partnership – 1, Individual Proprietorship – 2, Registered Company – 3, Trust/Charitable -4, Co-operative Society - 5

**Item no 22** - Subcenter - 01, PHC -02, CHC - 03, THQH -04, TH -05, GH - 06, DH -07,MC -08, others - 09

**Item no23**- General practice - 1, Specialty -2, Medical Super - Specialty -3, Surgical Super Specialty - 4

**Item no 24** –General Medicine-201, Paediatrics-202, Psychiatry -203, Tuberculosis & RespiratoryMedicine-204, Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy- 207, General Surgery208, Orthopedics -209, Ophthalmology-210, Obstetrics &Gynaecology- 211, Otorhinolaryngology (ENT) - 212

Cardiology-301, NeoNatology-302, Nephrology-303, Neurology-304, Nuclear Medicine-305, Medical Gastroenterology-306, Endocrinology-307, Medical & Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310 , anesthesia –311, if any other - 312(specify)

Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery- 404,Plastic&Reconstructivurgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify

**Item no 25**-Ayurveda VishaChikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda KsharaSootra Chikitsa-03 Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, Ayurveda Bala Chikitsa-010, Ayurveda Prasoothi&Streeroga Chikitsa-011, Ayurveda Swasthavriha Chikitsa-012,Ayurveda others- if any other specify 013

Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13,Unani Hifzan-e-sehat-14,Unani othersspecify-15 Siddha Maruthuvam-21, SidhhaSirappu Maruthuvam-22,SiddhaVarmam Thokkanam-23, Siddha others specify-24 Homeo General Homeopathy-31, Homeo Others Specify-32

## Part II: Monthly Reporting

<b>B. Patient Services(Number)</b>					
S.No.	Description	Male	Female	Transgender	Total
1	Total OPD patients (Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				

<b>C. Number of deaths (Number)</b>				
S.No.	Death	Male	Female	Transgender
1	Infant deaths within 24 hours (1 to 23 hours) of birth			
2	Infant Deaths up to 4 weeks			
3	Infant Deaths (1 -12 months)			
4	Child Deaths (1 -5 years)			
5.	Death (6 – 15 years)			
6	Death (16 and above)			
7	Number of Maternal Deaths			

<b>D. Cause of deaths (Number)</b>				
S.No.	Death Due to	Male	Female	Transgender
1	Diseases of Cardiovascular system			
2	Diseases of Respiratory System			
3	Diseases of Genitourinary System			
4	Diseases of Digestive System			
5	Neoplasms			
6	Endocrine, Nutritional and Metabolic Diseases			
7	Infections and Parasitic Diseases			
8	Conditions originating in the perinatal period			
9	Injury, Poisoning and other consequences of external causes			
10	Other Causes			

<b>E. Communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)</b>							
S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Malaria						
2	Pulmonary Tuberculosis						
3	Extra Pulmonary Tuberculosis						
4	Dengue Hemorrhage fever						
5	Chikungunya						
6	Meningitis						
7	Typhoid						
8	Diphtheria						
9	Whooping cough						
10	Tetanus						
11	Measles						
12	Poliomyelitis						
13	Japanese Encephalitis						
14	Cholera						

15	Syphilis						
16	Gonorrhea						
17	Leprosy (Multi bacillary)						
18	Leprosy (Pauci bacillary)						
19	Gastroenteritis						
20	Leptospirosis						
21	Hepatitis						
22	Conjunctivitis						
23	Trachoma						
24	Rabies						
25	Covid-19						
26	H1N1						
27	Other pandemics(Specify)						

**F. Non - communicable Diseases** (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Diseases of Respiratory System						
2	Diseases of Cardiovascular System						
3	Neoplasms						
4	Endocrine, Nutritional & Metabolic Diseases						
5	Diseases of Digestive System						
6	Diseases of Genitourinary System						
7	Diseases of Nervous system						
8	Mental and Behavioral disorders						
9	ENT related diseases						
10	Dental Related diseases						
11	Diseases of EYE and adnexa						
12	Diseases of skin & subcutaneous tissue						
13	Diseases of blood & blood forming organs						
14	Diseases of Musculo skeletal system & connective tissue						
15	Injury & poisoning						
16	Others						

**G. Specialty/Department wise Details**

Name of Specialty	Name of Disease	No of Cases
	General Anxiety Disorder	
	Depression	

Seethalayam	Behavioural problems	
	OCD	
	Others	
Sadgamaya	Learning Disability	
	ADHD	
	Behavioral problems	
	Dyslexia	
	Others	
Ayushman Bhava	Diabetes Mellitus	
	Hypertension	
	Dyslipidaemia	
	Others	
Janani	PCOS	
	Endometriosis	
	Varicocele	
	Hormonal Disfunctions	
	Others	
Pain & Palliative		
Cancer	CA breast	
	Oral CA	
	CA lung	
	Others	
Thyroid clinic		
Geriatrics		
Punarjani (deaddiction)		
Allergy Asthma		
Others		

<b>H: Infrastructure</b>	
No. of Beds	
No. of Pay Wards	
No. of Ambulances	

<b>Facilities available</b>	<b>(Yes/No)</b>
Ultra Sound scanner	
ECG	
Pharmacy	
X-ray	
Clinical Lab	

<b>I. No. of tests performed in the following departments:</b>	
<b>Department</b>	<b>Number of tests</b>
X ray	
USG	
ECG	

<b>J. Man Power – Medical Officers (Number)</b>			
<b>POST</b>	<b>Male</b>	<b>Female</b>	<b>Transgender</b>
Superintendent			
Chief Medical Officer			
RMO			
Medical Officer			

<b>K. Man Power – Nurses, Paramedical and Others(Number)</b>							
<b>Cadre</b>	<b>Male</b>	<b>Female</b>	<b>Transgender</b>	<b>Cadre</b>	<b>Male</b>	<b>Female</b>	<b>Transgender</b>
Nursing Superintendent				Part Time Sweeper			
Nurse				Watcher cum sweeper			
Nursing Assistant				Attender			
Pharmacist				Watcher			
Dispenser/ Attender				Class IV Attender			
Lab Technician				Cleaner			
Lab Attender				Cook			
Sweeper Cum peon				Night Watcher			
Sweeper Cum Sanitation				Driver			
Sanitation worker							

<b>L. Details of Laboratory - Tests</b>		
<b>S. No.</b>	<b>Department</b>	<b>Tests Number</b>
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Virology	

**M. Number of test done and reported positive:**

<b>S.No.</b>	<b>Disease &amp; Name of Test</b>	<b>Total No of Tests performed</b>	<b>Number of positive</b>
1	Dengue		
2	Others		
(i)	HAV		
(ii)	HBV		
(iii)	Typhoid		