NEW FAMILY PLANNING CLINIC-REGISTRATION FORM

Director (MCH)
Family Health Bureau,
231, De Saram Place,
Colombo 10.

For FHB use only
Registration Number

Please COMPLETE this form in BLOCK CAPITALS and send to the above-mentioned address with recommendations of MOH/ MO/MCH.

1. RDHS Area | **2. MOH Area***

3. Population in MOH area* | **4. No. of registered FP clinics in MOH area***
(* To be filled by MOH)

5. Name of Health Institution /clinic centre
(In which the new clinic is to be registered)

6. Population served by this clinic

(If Population is <10,000 justify your request for a new FP clinic)

7. What FP methods will be offered in this clinic?

Oral pills/ DMPA/ IUD/ Condoms/ Implants (Delete words, which are not applicable)

Important: *It is mandatory that Oral pills, DMPA, IUD and Condoms are offered in the clinic. (Implants are optional.)*

8. Was a FP clinic conducted in this place before? Yes/ No

9. a) Name & designation of officer who will conduct the new FP clinic

Name:

Designation:

b) Designations of staff who will assist in the clinic (MO/PHNS)

1.
2.
3.

10. a) Has the officer conducting the clinic received training on IUCD insertions?	YES/NO

b) If yes, month & year of training?	Month:	Year:
c) Place of training	FHB/ Other (specify) …….	
11. a) Proposed no. of clinic sessions *per month* (clinic sessions should be conducted at least twice a month)	Two/ Three/ Four/ Other (specify)……..	
b) Day of the week the proposed clinic is to be conducted?	Mon/ Tue/ Wed/ Thu/ Fri/ Sat	
12. Expected number of IUDs to be inserted per clinic session		

13. Are the following facilities available in this clinic?

(i) Space to provide services to clients with privacy and confidentiality Comments:	YES/NO
(ii) Tables/chairs/cupboards & other clinic furniture Comments:	YES/NO
(iii) Electricity Comments:	YES/NO
(iv) Adequate Water Supply If No, Comments:	YES/NO

14. Please complete the list of equipment (attached) & forward through MOMCH.

Head of Institution	Signature	
	Name or Frank	Date
Recommendation of MOH Recommended/Not recommended	Signature	
	Name or Frank	Date
Recommendation of MO/MCH	Signature	
Recommended/Not recommended	Name or Frank	Date

Recommendation of Programme Officer (FHB)	Signature	Date
Recommended/Not recommended	Comments: Noted for Training @ FHB:	
Approval of Director MCH (FHB)	Signature	
Approved/Not Approved		Date