

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) <input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY	DATE	REQUIREMENT CONTROL SYMBOL MED-371
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PROGRAM CLASSIFICATION		SECTION A - VISITS (MCC Units)						PERSONNEL CATEGORY						AGE GROUP						
		TYPE OF VISIT						PERSONNEL CATEGORY						AGE GROUP						
		PREVIOUS TOTAL	HOME	WARD	CLINIC/OFFICE	OTHER	CUMULATIVE TOTAL	AD ARMY	AD OTHERS	RET MIL	AD DEPNS	RET MIL DEPNS	OTHERS	0 - 12 MONTHS	1 - 4 YEARS	5 - 14 YEARS	15 - 19 YEARS	20 - 39 YEARS	40 - 64 YEARS	65 YEARS & OLDER
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)							SECTION C - CASELOAD (Non-MCC Units)				
CLINIC OR CLASS	SESSIONS			ATTENDANCE			FAMILY RECORDS		NUMBER	PATIENTS	
	*PT	NO.	*CT	PT	NO.	CT	a	b	c		
13	WELL BABY							26	TOTAL-BEGINNING OF REPORT		
14	IMMUNIZATIONS							27	OPENED		
15	CHILD HEALTH							28	CLOSED		
16	PRENATAL							29	TOTAL-END OF REPORT		
17	POST PARTUM										
18	EXPECTANT PARENT							SECTION D - MISCELLANEOUS			
19	DIABETIC							ACTIVITIES		NUMBER	
20	TB							30	REFERRALS IN		
21								31	REFERRALS OUT		
22								32	TELEPHONE VISITS		
23								33	UNABLE TO LOCATE VISITS		
24								34	CONFERENCES IN BEHALF OF PATIENTS		
25	TOTAL CLINICS/CLASSES (MCCU)							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
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