FAMILY HEALTH REGISTER

Form 1

House No .   Area/ Village(Locality)

Name of PHC _____   District _____   State _____

SI.NO	Name Of the Family Member	Name of the Head Of the Family	Whether Usual Resident (Yes/No)	Age With Sex(Date Of Birth if possible)	Marital Status	Educ-ation	Occu-Pation	In-Come	Number Of Living Children M/F
1	2	3	4	5	6	7	8	9	10

Instructions for filling up of family Health Register

Col 1 : This should be running number starting from (1) for each family separately.

Col 2 : Name of all the members of the family should be given in this column. Casual; Members may also be shown in this column,if they start for long.

Col 3: Head of the family shall be the same for casual members also.
        Relationship of the members shpuld also be mentioned here likewise.

Col 4: Nature of stay of member may be shown here.

Col 5: The age of each member should be entered in complete years against his/her name.