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MINISTRY OF HEALTH-ETHIOPIA

Special Center/ Hospital Assistive Technology Service Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for AT Service Register

Assistive Technology Service Register Clinic	
Information filled at front page of register	
Region	Write region name where the facility is located
Zone/Sub city /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Facility Name	Write the name of the health facility where the service was provided
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

Description of the patients' information filled on main part of register		
Column Number	Datum	Description
1	S.N	Write Sequential serial number in registration book; to be entered on patient's summary sheet to link integrated medical records folder with register
2	Date	Write the date of attendance at card room, written as (EC) Day / Month / Year (DD/MM/YY)
3	MRN	Write unique individual Medical Record Number used on integrated medical records folder
4	Name	Write full name of the patient/ Client
5	Age	Write age in years. If patient/Client is under 1 year, enter age in months, followed by M. If patient is under 1 month, enter age in days, followed by D.
6	Sex	Write M for Male or F for Female
7	Woreda/ Kebele	Write the Woreda/ Kebele of the Client
8	Phone number	Write the phone number of Client
9	Disability status	Ask the disability status of the patient and write as 1= Physical impairment, 2 = hearing Impairments 3= mobility impairment, 4. Psychical impairment 5. Visual impairment 6. Other
10	Service Delivery	Write the service given to the client
11	Payment type	Write the payment type as 1 = CBHI, 2 = Credit, 3 = Cash, 4= Donation
12	Remark	Write any comment or appointment date accordingly



*Disability type	Count
1. Physical Impairment	
2. Hearing Impairment	
3. Mobility Impairments	
4. Psychological Impairment	
5. Visual Impairment	
6. Others	