

LADY READING HOSPITAL PESHAWAR

Data Collection Form for Wards

Name of Department / Unit / Section: _____

Bed Strength

S.No.	Name of Section	Bed Strength	
		Male	Female
1.	Ward		
2.	Side Room		
3.	Private Room		
4.	HDU/ICU/CCU		
5.	Sub-section(s) of specialty (if any)		

OPD DAYS (Please Tick):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

OT DAYS (Please Tick):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

No. of OT Tables: _____

ACADEMIC DAYS (Please Tick):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

HUMAN RESOURCE:

Name	Designation	Qualification

- All cadres (Teaching, Consultants, MOs, TMOs, Paramedics, Trainees, Nursing, IT, Ministerial, Class-IV etc.)
- Use additional sheet, if required