

**FAX TO: 03-26155791**



National Mental Health Registry

To:  
Registry Manager  
Mental Health Registry Unit  
c/o Department of Psychiatry and Mental Health  
Hospital Kuala Lumpur

**Re: National Mental Health Registry: Schizophrenia Registry**  
**Notification of Data Submission**

This is to inform that our center does not have any newly seen cases (including referral cases) of Schizophrenia for the month of:

**Month of:**  **to**  **Year:**

**Name of SDP:**

**Name of Site Coordinator:**

**Date:**

**Sign and stamp:**

Thank you

***For office use only:***

*Database updated:*  *Yes, state date.....*

*Confirmation with SC done:*  *Yes*  *No*  *Not applicable*

