PCS ID:	St	aff Name & Code		Supervisor Name				
. Patient Registration Details								
Name: Gender: □ M □ F □ TG Age: Yrs, Date of Birth: Current Address:	std □ 5-10 st	Cannot Read/Write □ <5 d. □ 12 <sup>th</sup> □ Diploma □ Post Graduate	Contact No: Care Giver Name: Care giver's Contact No:	Relationship to Patient:	Risk present □No □Yes Specify risk			
Town: Land Mark: Permanent Address:	Christian □ (  Marital Status	Hindu □ Muslim □ Other Specify :: □Single □Married separated/divorced	Treatment Supporter Name					
TU Name: DMC Name:	Aadhaar No:							
Comorbidity and Treatment De	ails							
Co-existing Conditions HIV Status: □Unknown □ Positive nitiated on ART: □ Yes □ No	IIV Status: □Unknown □ Positive □ Negative		Basis of TB diagnosis    Microbiologically  Confirmed   Microscopy   CBNAAT/LPA	Treatment details  History of TB treatment:   New  Previously treated for TB  Anti TB medication from  Private sector  Public sector				
Diabetes Status: Unknown Yes No f yes is patient on diabetes treatment Yes No Hb:%gm% Not Available  Other conditions Specify		Pills   Yes   No  Currently pregnant/ breast feeding    Yes   No	☐ Culture & Sensitivity ☐ Clinically Diagnosed  Type of TB: ☐ Pulmonary TB ☐ Extra Pulmonary TB	Name of the Health Care facility which initiated treatment:  Treatment Regimen Initiated: □DS TB □DR TB				
		Nutritional Assessment at treatment initiation WeightKgs HeightCms BMIKg/m² MUACCms (child <5 yrs, Pregnant women)		Receiving FDC:				

Date Of screening	DD/MI	M/YY	DD/M	/MM/YY DD/MM/YY		
	<6 yrs	>6yrs	<6 yrs	>6yrs	<6 yrs	>6yrs
No of household contacts						
No screened						
No with Symptoms						
No referred for test/doctor						
No Diagnosed						
No put on treatment						

Details of co		Children Less than 6 years given IPT									
Name of contact	M6	M 5	M 4	М3	M 2	M 1	Dose (Mg)	Wt (Kg)	Name of child		

Details of contacts referred through contact tracing									
Name of contact	Age	Gen der	Relationship to index patient (code)	PRAD ID	TB Y/N				

## 4. Patient Follow Up Visit Details

		سعد يسد	it Details											
SI no	Contact date	Mode of contact (Code)	Person Contacted (Code)	Have you missed day TB Medicine (Y/N)	How many days of TB medicine have you Missed?	Reason for Missing doses	Symptom (code)	Risk factors (Code)	Needs Assessed (Code)	Action Taker (code)	n Rec Weigh	ord <5yrs, p	C for children regnant women in Cm	Remarks
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17 18														
	w up lab te	st										L		
	f Follow	Type of te	est done.	R	Result	Patient Treatment outcome (after discussion with HCP)  □ Cured □ Treatment completed □ Not Evaluated □ Loss to follow up □ Failure □ Regimen Change □ Others (specify)□ ORW unable to follow up (reason)								
5. Pc	st Treati					 months till 2 y	ears afte	r completion	of treatmen	t				
Follow due		visit / (Cod	of contact de)	reported by p	ondition as atient/ Family ode)	Comorbid co		Weight in (if availab	Kg Referral f	or TB Y/N PRA	D ID if Y	Any contact has T symptoms (Y/N)		if Y Remarks