



Ministry of Health
National Tuberculosis and Leprosy Programme (NTLP)
Leprosy Patient Record Card

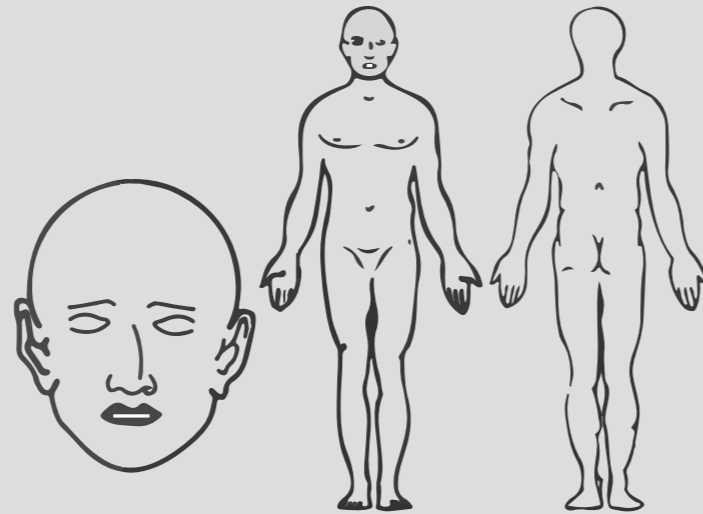
Outcome of MDT Treatment

Treatment completed

Died

Lost to Follow Up

Transferred out



Size and tenderness of nerves									
Nerve	Ulnar		Median		Peroneal		Tibial		
	R	L	R	L	R	L	R	L	
Size									
Tender									

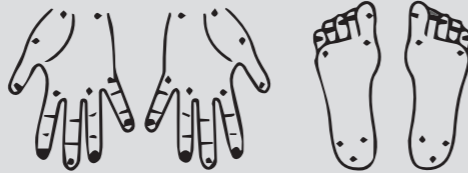
Key: - = normal, + = thick or tender, ++ = very thick or very tender

Sensation Test

Voluntary muscle test (VMT)

R	VMT	L
	Lid gap (mm)	
	5th finger out	
	thumb up	
	foot up	

R	Eye	L
	Redness	
	Blink	
	Normal vision	



Disability grading

R	DG	L
	eye	
	hand	
	foot	

S (Strong) W (Weak)
P (Paralysed)

Key: Y = Yes, N = No

Key: v = Feels, x = does not feel c = clawing
[= shortening

WHO grading: 0, 1 or 2

Summary

Skin _____

Nerves _____

Eyes _____

Hands _____

Feet _____

Compare VMT/ST/DG with baseline and score

Improved No change Deteriorated

Plan for further care

Name of examiner _____

Title/designation _____

Signature _____

Date of examination _____ / _____ /20_____

Cross-checked by RTLC _____

Date _____ / _____ /20_____

Signature _____

Name of Health Facility _____

Leprosy Registration Number

District _____ Region _____

Name (3): _____

Physical Address (ward) of domicile _____

Physical Address (Village/Street) of domicile _____

Area leader/neighbor _____

National Patient ID number _____

Occupation _____

Distance Home - Clinic _____ km

Phone number _____ Relative Phone Number _____

Foreigner Yes No If Yes Name Country of Origin _____

Classification

MB PB

Age _____ years

Body weight _____ kg

Sex F/M

HIV status POSITIVE NEGATIVE UNKNOWN

Regimen

MB (A) PB (A)

MB (C) PB (C)

Type of patient

New

Relapse after MDT

Relapse after Lost to Follow up

Transfer in

Other

Date of start of treatment

20 _____

Mode of detection

Self reported

Referral by CHW

Contact Tracing

Other

If other Specify _____

Hospital Services

Number of in-patient days/average length of stay* _____

Indications for admission **

Ulcer/wound treatment _____

Reaction _____

(Reconstructive) Surgery _____

Eye pathology _____

Other _____

Number of Amputation done _____

Previous treatment Yes No Duration: _____

Footwear programme

Protective foot wear size _____

Protective foot wear provided _____

Special boots provided _____

Prosthesis provided _____

Footwear repairs done _____

Prosthesis repairs done _____

Crutches _____

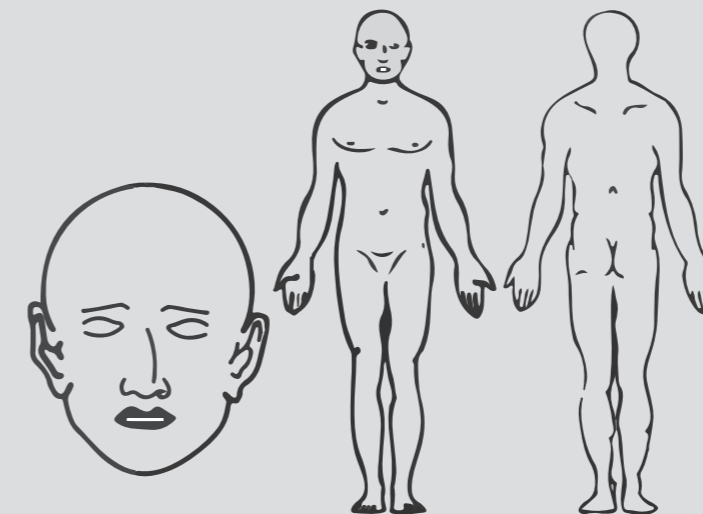
Wheel chair _____

Name of examiner _____

Signature _____

Title _____

Date _____



Skin lesions

Hypopigmentation	++	+	+/-	
Loss of sensation	++	+	+/-	
Definition (edge)	Well	Mod	Slight	
Nodules	Nil	Few	many	
Number of lesions	1 - 5	≥ 6		

Key: - = normal, + = thick or tender, ++ = very thick or very tender
R, Right L, Left

Skin smear results	POS	NEG	DATE

Body weight: _____ Kg

Size and tenderness of nerves

Nerve	Ulnar		Median		Peroneal		Tibial	
	R	L	R	L	R	L	R	L
Size								
Tender								

Key: - = normal, + = thick or tender, ++ = very thick or very tender
R, Right L, Left

Key: ● Skin Lesion

Voluntary muscle test

R	VMT	L
	lid gap (mm)	
	5th finger out	
	thumb up	
	foot up	

Eyes	R	L
Readness		
Blink		
Vision		

Sensation Test



Disability grading

R	DG	L
	eyes	
	hands	
	feet	

WHO grading: 0, 1 or 2

S(Strong), W(Weak), P (Paralysed)

Key: v = feels, x = does not feel, c = clawing,
[= shortening level, o = wound

COMPLICATIONS

- Is there recent lagophthalmos less than 6 months? Yes No
- Is there nerve pain (tenderness)? Yes No
- Is there loss of sensation of hands and feet less than 6 months? Yes No
- Is there recent muscle weakness of hands and feet? Yes No
- Is there any reaction? Yes No

If Yes which type of reaction

Type I Mild Severe

Type II: ENL

Action: If Yes in any of the conditions above except type I mild reaction, the patient needs Prednisolone treatment.

Screened for mental health? Yes No

TREATMENT PLANS

PATIENT NEEDS

- PB MDT MB MDT
- Reaction Treatment
- Health Education on MDT and Selfcare if nerve damage present
- Protection foot wear/hand wear/sunglasses
- Surgery _____
- Ulcer Care _____
- Rehabilitation _____

