



Ministry of Health

National TB and Leprosy Programme
TUBERCULOSIS TREATMENT CARD

Name (Three names): _____

Sex: 1: Male 2: Female Age (yrs)

Physical Address(Ward): _____

Physical Address (Village/street): _____

Area leader/Neighbour: _____

Contact telephone (if available): _____

Council _____

Region _____

National ID number: _____

Key vulnerable population 1: Health care worker 2: Mining worker 3: Prisoner/remandee
4: Fisher fork 5: Refugee/migrant 6: PWUDs 7: Slumdweller
8: Others _____

Mining's Key Populations: 1: Miners; 2: Ex-Miners; 3: Family Member of Miners or ex-miners;
4: Living in mining community; 5: Others

Referred by: 1: OPD; 2.1. (CHWs) 2.2. (ADDO) 2.3. (Traditional healers) 3: CTC; 4: VCT; 5: RCHS; 6: IPD;
7: DM 8: Other (specify) _____

List of contacts of TB cases

SN	Name	Age	Sex	Screened	Outcome		Started	
					TB	No TB	TB Rx	TPT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

TB Registration No. _____

Name of Health facility: _____

DOT option: 1: Health Facility DOT 2: Home-based DOT

Disease Classification: 1: Pulmonary 2: Extra-pulmonary 3: Both Site:

Classification by history of treatment 1: New
Previously treated 2: Relapse; 3: Treatment after Failure 4: Lost to follow up; 5: Other previously treated

Date of Start of Treatment: ____/____/____

HIV Status*: 1: Positive 2: Negative 3: Unknown

Date of HIV Test. _____ Date of referral to CTC. _____

HIV Care Registration No: _____ CTC Name: _____

CPT 1: Yes Start date: ____/____/____ 2: No

ART drugs 1: Yes Start date: ____/____/____ 2: No

Diabetic status: 1: Yes; 2: No

Nutritional status: Weight, Height BP, MUAC BMI

Classificatio of the BMI _____ Nutrition Support Given _____

COVID 19 Vaccination status: 1. Vaccinated; 2: Not Vaccinated

Date Vaccinated _____

Foreigner: 1. Yes; 2. NO

Treatment Supporter details

Name of treatment supporter: _____

Relationship with patient: _____

Physical address: _____

Telephone/mobile number of treatment supporter: _____

INTENSIVE PHASE: Indicate number of tablets per dose

New Case

RHZE

RHZE: Rifampicin, Isoniazid, Pyrazinamide, Ethambutol (4FDC),

Retreatment

RHZE

Children

RHZ E

RHZ: Rifampicin, Isoniazid, Pyrazinamide

Laboratory tests, score chart and weight monitoring

Month	0	2	3	4	5	6
Date						
Smear						
Genexpert						
Truenat						
Score Chart						
Body Weight						

****Smear:** Neg; 1 - 9; +; ++; +++

****DST:** Sens.; RR; MDR; Other resist.

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of dose on return date after confirming the doses taken

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CONTINUATION PHASE: Indicate number of tablets per dose

New Case
RH

Retreatment
RH

Children
Paediatric RH

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of doses on return date after confirming the doses taken

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Other causes for not completing treatment:

- 1: Started MDR/RR-TB treatment
- 2: Died before start of treatment
- 3: Did not start treatment

Treatment outcome date: _____

- Cured
- Treatment completed
- Treatment failure
- Died
- Lost to follow up

Remarks: