



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

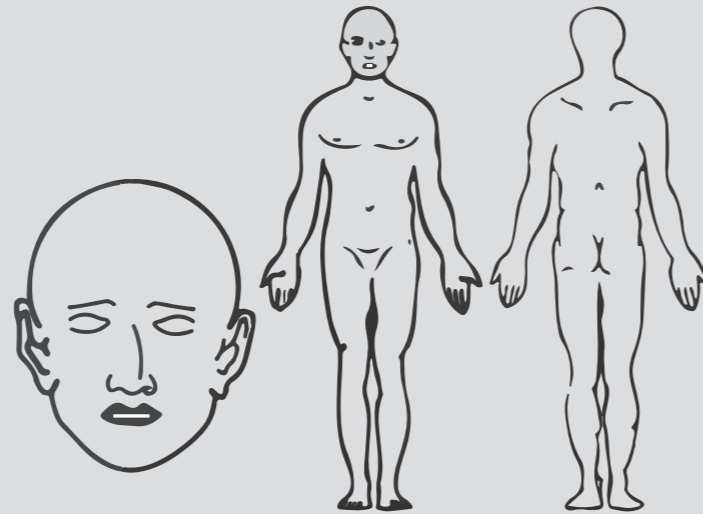
**Outcome of MDT Treatment**

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                        |       |   |        |   |          |   |        |   |  |

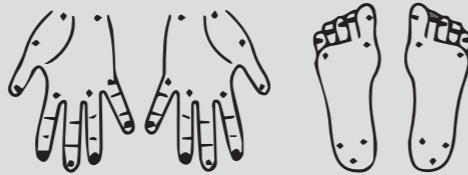
Key: - = normal, + = thick or tender, ++ = very thick or very tender

**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 \_\_\_\_\_

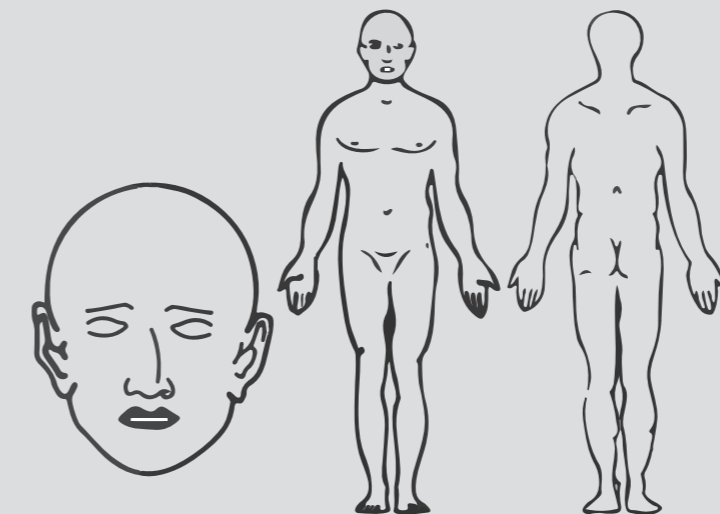
Wheel chair \_\_\_\_\_

**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 \_\_\_\_\_

