

Ministry of Health

National Tuberculosis, Leprosy and Lung Disease Program

TB 5 Tuberculosis Patient Record Card - Strictly Confidential

Facility Name:		Sub county		Sub County Registration No	
Date start of treatment		Date Cured or TC			

Patient's name (Three names)		
Age: Y	M	SEX:
Patient's physical address		
School/Employer's address		
Cell phone no.		

Treatment supporter's name		Relation to patient	
Treatment supporter's address			
Treatment supporter's cell phone no.			

Patient Occupation	Tick as appropriate
Works within a health care (hospital) setting	
Others (Specify)	

Co-morbidity/risk factor	Tick as appropriate
Newly diagnosed diabetic	
Known diabetic	
Hypertension	
Smoking	
Alcoholism	
Pregnancy	
Cancer	

1. Have you ever been on IPT? Yes/No
2. If yes, when did you complete IPT? (Give date)

Result Sputum - smear examination at month													
		1	2	3	4	5	6	7	8	9	10	11	12
Date	S X												
Serial No.													
Result (Quantify)													

Month of Treatment	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Height/length in cm												
Weight in kg												
BMI/BMI for age/Z-score												
Random blood sugar												

Type of TB	Tick where appropriate	
Pulmonary Tuberculosis	Bacteriologically confirmed	Extra - Pulmonary Tuberculosis
	Clinically diagnosed	

Drug Susceptible TB Regimen	Tick
2RHZE/4RH (All Adults & Children, new cases)	
2RHZE/10RH (Osteoarticular & TB Meningitis)	
Other	

Initial phase of treatment (8 weeks) - Tick and/or write date of daily drug intake as observed by health worker or treatment supporter		28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		

Continuation phase of treatment		12
Month of treatment	3	4
Date drug collection		



