



## DR-TB Patient Identity Card

Sub-county: \_\_\_\_\_

Health Unit: \_\_\_\_\_

Name (three names): \_\_\_\_\_

Address (in full): \_\_\_\_\_

Phone Number \_\_\_\_\_ NHIF Enrollment No. \_\_\_\_\_

Gender M  F 

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age in yrs \_\_\_\_\_

<b>Disease Classification</b>	
Pulmonary	
ExtraPulmonary	
Site	
<b>Resistance Pattern</b>	<b>Choose One</b>
MDR TB	
XDR TB	
PDR TB	
Mono Resistance (MR)	
RR TB	
<b>Reasons for entering the DR TB register (tick as appropriate)</b>	
Clinical Diagnosis	
Bacteriologically Confirmed	
Awaiting Treatment	
<b>Registration Group</b>	<b>Select only one</b>
New (primary MDR-TB)	
Relapse	
Treatment after loss to follow up	
After failure of first line (CAT 1 or 3)	
After failure of retreatment (CAT 2)	
Transfer in	
Others (previously treated without known outcome status)	

Regimen	
Date treatment started	
Date intensive phase started	
If changed- Current Regimen	
Known Allergies (specify)	
History of severe adverse reactions	

Outcomes of Treatment		Date of Outcome	
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Clinical Review Appointment

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*Remember to take care of your card. You will be cured if you follow your treatment as guided by the health care worker. Tuberculosis will be spread to other people if you do not take your medication*

