



नेपाल सरकार

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

सम्पर्क परीक्षण तथा क्षयरोग प्रतिरोधात्मक उपचार रजिस्टर

CONTACT INVESTIGATION AND TUBERCULOSIS PREVENTIVE THERAPY REGISTER

स्वास्थ्य संस्थाको नाम:

जिल्ला:

नगरपालिका/गाउँ पालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

## Contact Investigation and TBPT Register

Details of the Index TB Cases				Name of Family Members (HH Contact)			Presumptive TB		TB		Patient Enrolled	Eligible for TBPT		TBPT provided date, dosage and weight of client						Outcome				Remarks	
							No	Yes	If Yes					No	Yes	Start date		2 Month F/U		3 Month F/U		Completed	Discontinue		Died
S.N.:		Date		Name		Age			Name of Health Facility		DD/MM/YYYY		DD/MM/YYYY			DD/MM/YYYY									
DS TB	1	DR TB	2	Surname	F	M	Sputum courier	Patient Refere	No	Yes	No	Yes	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	16	17	18	19	20		
Registration no				Name					1	2					DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
No.of Family Members		Child	Adult	Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Name				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
Surname			Ethnic Code	Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Province /District				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
M/RM		Ward no		Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Contact Number				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
Name of Investigator				Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
S.N.:		Date		Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
DS TB	1	DR TB	2	Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Registration no				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
No.of Family Members		Child	Adult	Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Name				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
Surname			Ethnic Code	Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Province /District				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	1	2	3	4				
M/RM		Ward no		Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				
Contact Number				Name					1	2			1	2	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY								
Name of Investigator				Surname					1	2			1	2	Weight	No of Tabs	Weight	No of Tabs	Weight	No of Tabs	DD/MM/YYYY				