



नेपाल सरकार

स्वास्थ्य मन्त्रालय

स्वास्थ्य सेवा विभाग

स्वास्थ्य व्यवस्थापन सूचना प्रणाली

यौनजन्य रोग संक्रमण उपचार रजिष्टर

SEXUALLY TRANSMITTED INFECTION TREATMENT REGISTER

स्वास्थ्य संस्थाको नाम:

प्रदेश:

जिल्ला:

.....नगर/गाउँ पालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

INFECTIONS (STI) REGISTER

Demographic Information				STI Diagnosis		Risk Group***	Treatment				Referral		
Address			Client Code*	Type of Case	Type of STI Diagnosis**		Syndromic	Etiological	Presumptive Treatment	Partner (Asymptomatic)	Condom Use	Referral	
Ward Number	Toile	Others										In = 1	Out = 2
21	22	23	24	25	26	27	28	29	30	31	32	33	
				1								1	
				2								2	
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				1								1	
				2								2	

*Column 24: Client code= Last name (First 2 characters)+ Date of birth (last 2 digits -YY) + sex (1= F, 2= M, 3 = TG) + Service registration number.
 **Column 25: Type of Case: (1=Syndromic, 2= Asymptomatic)
 ***Column26: STI Diagnosis: (1= Urethral Discharge Syndrome (UDS), 2=Scrotal Swelling Syndrome (SSS), 3= Vaginal Discharge Syndrome (VDS), 4= Lower Abdominal Pain Syndrome (LAPS), 5= Genital Ulcer Disease Syndrome (GUDS), 6= Inguinal Bubo Syndrome (IBS), 7= Neonatal Conjunctivitis Syndrome, 8= Cericitis, 9= Vaginitis, 10= ***Column 27: Risk Group (1 = Female Sex Worker; 2= People who inject drugs(PWID), 3=MSM ; 4 = Blood or Organ Recipient, 5=Clients of Sex Workers; 6 = Migrants; 7 = Spouse/Partner of Migrants; 8=Male Sex Worker (MSW); 9=Transgender (TG); 10=Pregnant Woman; 11=Vertical Transmission; 12=Prison Inmates; 13=HIV Infected; 14=Other (not specified in above category)
 *Column 32:Condom Use: (1= Yes, 2=No, 3= Don't Know, 4= Not Applicable)