



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

ओ.एस.टी. रजिष्टर

OPOID SUBSTITUTION THERAPY (OST) REGISTER

स्वास्थ्य संस्थाको नाम:

प्रदेश:

जिल्ला:

नगर/गाउँ पालिका:

वडा नं.:

प्रयोग मिति:

आर्थिक वर्ष:

देखि

सम्म

OPOID SUBSTITUTION THERAPY (OST) REGISTER

SN	Registration			Name, Caste and Caste Code		Address		Age/Sex	Marital Status*	Client Code	Date of Birth			Dual Risk Behaviour	Entry point
	DD	MM	YY	Name	Caste	District	Others	Age	U/M/S/W/LT/NA		Contact No				
	Master No		Service No								Mobile				
					*	RM/Municipality, Ward, Tole		Sex			Mobile 2 (supporter)			Code	Code
Educational * Status*		Education Level***		Employment status****		Average Monthly Income (in NPR)		*Marital Status: 1=Unmarried, 2=Married, 3=Single/Divorce, 4=Widow/Widower, 5=Living Together, 6=Not Applicable **Educational Status: 1=Illiterate, 2=Literate ***Education level: 1=Primary, 2=Secondary, 3=Higher secondary, 4=Bachelor or above ****Employment status: 1=Unemployed, 2=Employed							

OST History																				
OST Start Date			Type of OST started at first		Maximum Dose of OST	Switch in OST		Name of Switched OST		Switched Date			Maximum dose of Switched OST	From/To (Name of the Site)			Date	OST		
DD	MM	YY	Methadone	Buprenorphine		Y	N			DD	MM	YY		Transfer In		DD	MM	YY	B/M	
															Transfer Out					

OST Treatment Follow up																															
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1st row: 1= On treatment on OST, 2= Drop Out, 3= Re-enrollment, 4= Discharge, 5= Death, 6= Transfer out																																														
2nd row: Received dose of OST on that day																																														
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41					
mm/yy																																														
Row 1																																														
Row 2																																														

