

**NATIONAL TUBERCULOSIS CONTROL PROGRAMME**

Director General of Health Services, Bangladesh

Treatment Card (Front page)

Name: \_\_\_\_\_

Father's/Husband name: \_\_\_\_\_

Sex: M  F  Age: \_\_\_\_\_ BCG: no scar.  Scar seen

Occupation: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Name & Address of contact person \_\_\_\_\_

Phone No: \_\_\_\_\_

Name & address of person providing DOT: \_\_\_\_\_

*Refd by:	Graduate PP	GFS	VD	Gov. Hospital	TB Patient		CHCP
	Non Graduate PP	NGFS/SS	CV	Private Hospital	Self	Other specify	

H/O Previous Anti TB Treatment  Yes  No IF yes, Duration: \_\_\_\_\_

H/O Contact  No  Yes IF yes, Specify  TB  DR-TB

**Smoker (at registration)**  **Yes**  **No**

**Advised to quit smoking**  **Yes**  **No**

INTENSIVE PHASE - Prescribed regimen and dosages

Frequency: Daily

Tick category and indicate number of tablets per dose and doses of S (gms):

CAT 1  CAT2  CHILD

4 FDC  4FDC  3FDC

R H Z E R H Z E S R H Z E S

Enter  in the appropriate box to indicate the date when the drugs have been swallowed under direct observation: enter [-] if swallowed but not supervised: enter [O] when not taken

Month/Year	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	

TB Registration No: \_\_\_\_\_  
 e-TB Manager Registration No: \_\_\_\_\_  
 Name & Address of Health Institution/DOTS Center \_\_\_\_\_

Pulmonary		Extra Pulmonary, Site.....	
Bacteriologically Confirmed	Clinically Diagnosed Ψ	Bacteriologically Confirmed	Clinically Diagnosed Ψ
Smear positive <input type="checkbox"/>	Diagnosed By:	Smear positive <input type="checkbox"/>	Diagnosed By:
X-pert positive <input type="checkbox"/>	X-Ray <input type="checkbox"/>	X-pert positive <input type="checkbox"/>	X-Ray <input type="checkbox"/>
Culture positive <input type="checkbox"/>	Others <input type="checkbox"/>	Culture positive <input type="checkbox"/>	Others <input type="checkbox"/>

New  Previously Treated

Treatment History Unknown  Relapse

Transfer in  Treatment after failure

Treatment after loss to follow up

Others

Month	Date	Result of sputum examination				Weight (kg)
		Smear 1	Smear 2	Lab No.	****X-pert result	
0						
2						
3						
5						
6/8						

TB/HIV		
	Date	Result
HIV Test		
**CPT start		
***ART start		

\*\*CPT=Co-trimoxazole preventive Therapy, \*\*\* ART=Anti retro viral therapy

\_\_\_\_\_  
Signature of Medical Officer

\*PP=Private Practitioner, GFS= Government field staff, NGFS: Non Govt. field staff, SS=Shastho Shebika, VD=Village Doctor, CV=Community volunteer, CHCP=Community Health Care Provider

\*\*\*\*X-pert result

T=MTB detected Rif resistance not detected; RR=MTB detected Rif resistance detected; TI=MTB detected; Rif resistance indeterminate; N=MTB not detected; I=invalid/no result/error.

Ψ Please keep evidence in favour of diagnosis.

**Tuberculosis Treatment Card (Back page)**

II. CONTINUOUS PHASE-Prescribed regimen and drug dosages

Put tick  mark in the appropriate box

Advised to quit smoking

Yes

No

CAT 1

CAT2

Child

2 FDC

3FDC

2FDC

R H

R H E

R H

Enter  in the appropriate box to indicate the date when the drugs have been swallowed under direct observation: enter [-] if swallowed but not supervised: enter [O] when not taken

Month/Year	Day																															
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Treatment outcome

Date of decision \_\_\_\_\_

Cured

Treatment completed

Died

Treatment failure

Lost to follow up (defaulted)

Transferred out

Not evaluated

Smoking status (at treatment completion)  Yes  No

Types of drug reaction (if any):  
\_\_\_\_\_

Remarks (If any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer