Tuberculos											osi	s Tr	eat	tme	nt	Car	d District TB Register No																	
Name:														Disease site (check one)																				
Sex: □	ex: DM DF Date of registration in District TB Register:													_0	☐ Pulmonary ☐ Extrapulmonary, specify																			
Age:	ge: Health facility:															Type of patient (check one)																		
Address:	dress:															□ New □ Treatment after default □ Relapse □ Treatment after failure □ Transfer in □ Other																		
Name / ad	ame / address of treatment supporter (if applicable)															Sputum smear microscopy										Weight								
I. INITIAL PHASE - prescribed regimen and dosages										Referral by:								Month Date			ate	П	ab	No.	Resu	lt	t (kg)							
														Self-	refe	rral							0				$\vdash$							
Regimen:		ew		Retre	eatm	ent								Com	mur	nity n	nem	ber																
					ra cara			on concern			_		片	Publ	ic fa	cility acility						$\vdash$		-	_		₩		_	-	-		_	
Number of		ets p	er do	se, c			wee	:к, а	osag	je of	S:			TIVE	ate is	acility	у/рг	ovid	er.			$\vdash$		_			+				_			
(RHZE) S										Other, specify:								TB/HIV																
			J L										99									$\vdash$						ate			Result*			
												_		7 1				12000				HI	V te	st		$\neg$								
Cotrimo	xazo	le	-					AR۱	/				Other									HIV test												
														Ш									PT s											
			_											_ 1								-	RT s	-										
Tick app	onri		hav	64		ho i	d	- h		, he		~d	min	ine	~=~	٦						* (Po	os) Pos	sitive; (Ne	g) Ne	gative;	(I) Dis	cordan	t/Inco	inclusive; (Ni	D) Not Done/	lunknown		
Daily intake o																	wah	orizo	ntal l	ine (			) thre	ouah nu	mbe	r of da	IVS SI	ınnlie	ed Ø	s = drugs r	ot taken			
Day				T		1																		25 2	Т	T				Number	Total	Drugs given t supporter		
Month		-	3 4	"	6	`	ľ	,	10		'-	13		10				19				23	24	25 2	1		20	30	31	this month	doses given	Date	Doses	
Inoniai /		_	+	+	-	-				-	$\overline{}$							1																
monar \		+	+											_			-	-	-					-	+	+								
monut \																									+									

II. CONTI	(RH) (RHE)								)the	<u> </u>																					
Number of tablets per dose										п <i>)</i>		(KIIE)			Other																
Daily supply: enter ✓ . Periodic supply, enter X on day v										drugs	are c	re collected and draw				w a horizontal line (					) through the number of days supplied. $\emptyset$ = drugs not take										
Day Month	4		6	7		9	10				14					19										29					
X-ray (at	t star	t)				V ca										С	omn	nent	s:												
Date: Results (-	-) (+)	NI	)					egist	er No	Ο.																					
Tresuits (-	7, (')	, ND				)4 re										_															
								ity (Y			n)					_															
Date eligibility a										sea																					
	ART Register N																														
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Treatment outcome																															
Date of decision																															
Treatment completed																-															
☐ Died																												-			
☐ Treatment failure ☐ Default —————																															
Transfer out																															
Name an	nd ad	dres	ss of	 f cor	- ntact	per	son:																								