Ministry of Health

National Tuberculosis, Leprosy and Lung Disease Program

TB 5 Tuberculosis Patient Record Card - Strictly Confidential

Facility Name:		Sub county		Sub County Registration No
Date start of treatment		Date Cured or TC		

Patient's name (Three names)	
Age: Y M	SEX:
Patient's physical address	
School/Employer's address	
Cell phone no.	

Treatment supporter's name		Relation to patient	
Treatment supporter's address			
Treatment supporter's cell phone no.			

Patient Occupation	Tick as appropriate
Works within a health care (hospital) setting	
Others (Specify)	

Co-morbidity/risk factor	Tick as appropriate
Newly diagnosed diabetic	
Known diabetic	
Hypertension	
Smoking	
Alcoholism	
Pregnancy	
Cancer	

1. Have you ever been on IPT? Yes/No
2. If yes, when did you complete IPT? (Give date)

Result Sputum - smear examination at month														
			1	2	3	4	5	6	7	8	9	10	11	12
	S	X												
Date														
Serial No.														
Result (Quantify)														

Month of Treatment	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Height/length in cm												
Weight in kg												
BMI/BMI for age/Z-score												
Random blood sugar												

Type of TB			Tick where appropriate	
Pulmonary Tuberculosis	Bacteriologically confirmed		Extra - Pulmonary Tuberculosis	
	Clinically diagnosed			

Drug Susceptible TB Regimen	Tick
2RHZE/4RH (All Adults & Children, new cases)	
2RHZE/10RH (Osteoarticular & TB Meningitis)	
Other	

January 2016

Initial phase of treatment (8 weeks) - Tick and/or write date of daily drug intake as observed by health worker or treatment supporter

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	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56

Continuation phase of treatment

Month of treatment	3	4	5	6	7	8	9	10	11	12
Date drug collection										

Printed with the support of USAID through the Tuberculosis Accelerated Response and Care (TB ARC) Activity

ADR	Date	Remarks
Rash		
Hepatitis		
Peripheral neuropathy		
Others (specify)		

Culture/Sensitivity results*	
Date of results	
Streptomycin (S)	
Rifampicin (R)	
Isoniazid (H)	
Ethambutol (E)	

***Fill: S = sensitive or R = Resistant**

CD 4 Count (if done)		
Date	**Viral Load**	**Result**

Prophylaxis for Opportunistic Infections		
	Tick	**Date start preventive therapy**
Cotrimoxazole		
Others indicate:		

Nutrition	Tick
Therapeutic feeds (RUTF)	
NC = Nutritional Counseling	
ND = Not Done	
Vitamin A	
Pyridoxine	
Supplementary	

Treatment Outcome	Date
Cured (sm. negative)	
Treatment completed (no smear result)	
Treatment failure (Smear positive at month 5)	
Dead	
Lost to follow-up	
Not evaluated (TO + unknown)	
Moved to category 4 register	

Gene Xpert Results	Tick (Date)
T = MTB detected, rifampicin resistance not detected;	
RR = MTB detected, rifampicin resitance detected;	
*TI = MTB detected, rifampicin resitance indeterminate;	
N = MTB not detected;	
*I = Invalid/ no result/ error	

NB: If you get TI or I repeat test

HIV Status	
Test Result	**Tick**
Negative	
Positive	
Declined	
Not done	
No partner	
Date test:	

(If HIV +)

Partner HIV Status	
Positive	
Negative	
Declined	
Not done	
Date test:	

Patient referred by		
Unit	**Tick**	**Date**
VCT Centre		
Comprehensive care unit		
Diabetes		
Private Sector		
Antenatal/PMTCT clinic		
Self referral		
Contact Invitation		
Chemist/Pahrmacist		
Community Health Worker (CHW)		

Patient referred to		
Unit	**Tick**	**Date**
VCT Centre		
Comprehensive Care Unit		
Community/Home Based Care		
Diabetes Clinic		
Nutrition Clinic		
Private Sector		
Antenatal/PMTCT clinic		
Not Referred		

ART REGIMEN		
1st and 2nd line ART	**Tick**	**Date started ART**
ABC + 3TC + LPV/r		
AZT + 3TC + LPV/r		
ABC + 3TC + NVP		
ABC + 3TC + RAL		
AZT + 3TC + NVP		
AZT + 3TC + RAL		
ABC + 3TC + LPV/r		
ABC + 3TC + EFV		
ABC + 3TC + RAL		
TDF + 3TC + EFV		
TDF + 3TC + RAL		
TDF + 3TC + NVP		
AZT + 3TC + ATV/r		
TDF + 3TC + ATV/r		
ABC + 3TC + ATV/r		
Third line ART		
RAL + 3TC + DRV + RTV		
TDF + RAL + 3TC + DRV + RTV		
AZT + RAL + 3TC + DRV + RTV		
ABC + RAL + 3TC + DRV + RTV		
ETV + 3TC + DRV + RTV		
DTG + 3TC + DRV + RTV		
AZT + DTG + 3TC + DRV + RTV		
TDF + DTG + 3TC + DRV + RTV		
ABC + DTG + 3TC + DRV + RTV		
ETV + 3TC + DRV/r		

Clinical notes (To be filled at every visit): _____