

TRANSFER / REFERRAL FORM FOR TUBERCULOSIS PATIENTS

(Fill out in Triplicate. Hand over original to the Patient, send one copy to treatment unit by post and other copy to be retained in the clinic.)

Name of referring unit : Date of admission:.....
 District TB No. : Date of discharge:.....
 Name of the place referred : Date of diagnosis:.....
 Date of Notification:.....

1). Name of patient: 4). (i) Age:
 2). N.I.C. No: (ii) Date of birth:
 3). Address (in full): 5). Sex:
 6). Body weight:

Disease classification	
Pulmonary <input type="checkbox"/>	Extra-pulmonary <input type="checkbox"/>
Sp. sm . pos. <input type="checkbox"/>	Site: _____
Sp. sm . neg. <input type="checkbox"/>	

Type of patient	
New <input type="checkbox"/>	Relapse <input type="checkbox"/>
Transfer in <input type="checkbox"/>	Treatment after failure <input type="checkbox"/>
Other <input type="checkbox"/>	Treatment after default <input type="checkbox"/>

Chest x-ray

Date of commencement of treatment:.....

Complication of TB treatmentDrug induced hepatitis Skin sensitivity Other

Specify:

Sputum smear			Sputum culture
Month	Date	Result	Result :
0			Sensitivity :..... Date :.....
2 / 3			
5			
6/8			

1). Date on which the anti-tuberculosis treatment is discontinued due to complications:.....

2). Period of interruption of anti tuberculosis treatment:.....

3). Recommended treatment regimen:.....

4). Balance of treatment that the patient should receive (in days) ;

Intensive phase:.....

Continuation phase:.....

Other instructions related to treatment of TB :

Other medical illnesses and their treatment :

Signature:

Date:

FOR USE BY THE TREATMENT UNIT WHERE THE PATIENT HAS BEEN REFERREDName of patient:..... Age:..... Sex: M F

District TB No. of the referred unit :

District TB No. of the received unit :

Patient reported for registration on :

Treatment Outcome :

Signature:..... Designation:..... Date:.....

1). * Send this part back to Referring unit as soon as the patient has been registered.

2). * At the end of the treatment, inform the treatment out come to the referred unit in the copy sent by post.