



RNTCP TB identity card

Name: _____

Sex ☐ M ☐ F ☐ TG

Age: _____

Address: _____

Contact No: _____ Aadhar ID. _____

PHI _____ TU _____ District _____

NIKSHAY ID: _____

Name and designation of treatment

supporter: _____

Contact number and address of treatment

supporter:- _____

☐ CPT ☐ ART ☐ Diabetic ☐ Smoker

Date of starting treatment: (DD/MM/YYYY)

Type of Patient

☐ New

☐ Recurrent

☐ Treatment after Lost to

Follow up

☐ Treatment after Failure

☐ Other Previously treated

☐ Transferred in

Site of Disease

☐ Pulmonary

☐ Extra pulmonary

Case Definition

☐ Microbiologically confirmed

☐ Clinically diagnosed

Treatment regimen:

☐ New

☐ Previously treated

Weight Band:

Adult: ☐ 25-39 Kg ☐ 40-54 Kg ☐ 55-69 Kg ☐ ≥70 Kg

Pediatric: ☐ 4-7 Kg ☐ 8-11 Kg ☐ 12-15 Kg ☐ 16-24 Kg ☐ 25-29 Kg ☐ 30-39 Kg

Sputum results

	Smear Date	Smear Result	Culture Date	Culture Result
Diagnosis				
End IP				
End RX				
6 months				
12 months				
18 months				
24 months				

Appointment dates

In case of side effects or queries please contact

Name and contact number:_____

Treatment outcome: _____

Date:_____