



Ministry of Health

# INDIVIDUAL PATIENT FORM

Anti Leprosy Campaign

Ministry of Health

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Anti Leprosy Campaign

ALC No.

Apply Sticker

CLINIC No.

DATE

DD MM YY

NIC No.(#)

GUARDIANS NAME \*

# In case of a child guardians NIC No.

\* In case of a child guardians Name

TEL. No.

MOBILE No.

## PATIENT DATA

Name : ..... Age (Years) :

Sex :  M  F Ethnic group :  Sinhala  Tamil  Muslim  Others

Address : .....

District : ..... MOH Area : .....

PHI Area : ..... GN Division : .....

## CLINIC DETAILS

Name of the Institution : ..... District : .....

Name of the Consultant : ..... Name of MO : .....

## CLINICAL DATA

Source of Referral	Self	Contact Screening	School Screening	Household Survey	Screening Clinic	Private Sector	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact history :  Yes  No If Yes  Family  Neighbour  Social  Other

Time since onset of symptoms (months) :  0-6  7-12  13-18  19-24  25+

Classification : PB (1-5 lesions)  MB (more than 5 lesions / 1 or more than 1 nerve)

Treatment Type :  MBA  PBA  MBC  PBC  Other  Specify : .....

Disability at Diagnosis	Grade 0 None	Grade 1 (Numbness)		Grade 2 (Visible Disability)				
		Hands	Feet	Claw hand	Foot drop	Foot ulcer	Eye	Face
EHF Score <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A new IPF has to be filled with a new registration number for all relapses, defaulters restarting treatment and change of treatment type

Defaulter Restarting Treatment  Change of Treatment Type  :  PB to MB  ROM  Other

Relapse  Previous Treatment Type :  Year of Treatment Completion :

Additional Information : .....

- Green Copy - To be sent to the Regional Epidemiologist
- Red Copy - To be sent to the Director Anti Leprosy Campaign
- Blue Copy - To be retained at the institution