

Category 4 Treatment Card—Lesotho National TB Control Programme



Name		
Surname		
Category 4 registration number		
Date of Category 4 registration		
District TB registration number		
Date of district TB registration		
Address (Residential)		
Address (Work)		
Address (Next of Kin)		
Telephone number	Cell	
	Home	
	Next of Kin	
Country		
Country of birth		
District		
Treatment centre		
Date referred to treatment centre		
Treatment supporter name/surname	Sex	Health centre/ Village

Item	Registration Group	Tick one
1	New	
2	Relapse (after cure of most recent TB treatment)	
3	After Default (of most recent TB treatment)	
4	After Failure of Category 1 treatment	
5	After Failure of Category 2 treatment	
6	Transfer in (from another Category 4 Treatment Site)	
7	Other , previously treated without known outcome status	

Sex (mark one):		Age	Date of Birth
M	F		
Initial weight (kg)		Height (cm)	
Site (mark one):	Pulmonary	Extra-pulmonary	Both
If extrapulmonary, describe site:			

Abbreviations:

First-line drugs:

H = Isoniazid
R = Rifampicin
E = Ethambutol
Z = Pyrazinamide
S = Streptomycin

Second-line drugs:

Am = Amikacin
Km = Kanamycin
Cm = Capreomycin
Cfx = Ciprofloxacin
Ofx = Ofloxacin
Lfx = Levofloxacin
Mfx = Moxifloxacin
Gfx = Gatifloxacin
Pto = Prothionamide
Eto = Ethionamide
Cs = Cycloserine
Trd = Terizidone
PAS = P-aminosalicylic acid

Previous Tuberculosis Treatment Episodes			
No	Start date	Regimen	Outcome
	(If unknown put year)	(Write regimen in drug abbreviations)	(cured, completed, failed, defaulted, currently in treatment)
1			
2			
3			
4			
5			

Used second-line drugs previously? (mark one)	Yes	No
If Yes to second-line drugs, specify:		

HIV Status (mark one)	Positive	Negative	Refused
Date of HIV test			
CD4 Cell Count			
Unique ART number			
ART regimen 1 (write start date)			
ART regimen 2 (write start date)			
Date started CTX			

Allergies:
