Annexure 12A Cohort Event Monitoring (CEM) - Treatment initiation form

Patient details			Interview Date: _________________(DD/MM/YYYY)
Patient Name ……………….	Age: ………	PMDT No./ File No:________	Nikshay ID:

Medical Details		
Type of TB □ Pulmonary □ Extra-pulmonary TB site/s: _______________	Type of drug resistance □ H mono/ poly □ RR/MDR-TB	□ RR/MDR-TB + any FQ/SLI □ XDR-TB

Pregnancy status (UPT)	□ Yes □ No □ Unknown	Date of LMP: DD/MM/YYYY	or estimated current gestation (weeks):
		If PREGNANT record patient details for follow –up	
Breastfeeding an infant		□ Yes □ No □ Unknown	

Addiction or substance abuse			
Injectable Drug abuse Within Past Year	□ Yes □ No □ Unknown	Excessive alcohol use in the past year	□ Yes □ No □ Unknown
Tobacco Use Within Past Year	□ Yes □ No □ Unknown		
Prior exposure to anti-TB medicines	□ Yes□ No □ Unknown		

List the current and past medical conditions & Events (Diabetes, Hypertension, QT prolongation, LFT deranged, Hepatitis, Hypo/hyper thyroidism, Rash, allergic reaction, anaphylaxis, nausea, vomiting, gastritis, diarrhoea, arthralgia, nephrotoxicity, depression, psychotic syndrome, seizures, gynecomastia etc)	Date of Onset	Date of recovery	Still Continue
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Medicines

Prior exposure to anti-TB medicines	□ Yes □ No □ Unknown						
Medicines & traditional medicines taken at any time in PAST 30 DAYS	Indication	Dosage (µg/mg/g/ml)	Frequency (OD/BD/ TID)	Route (Oral/IV/ IM/Topical/other)	Start Date	Stop date	Continues (tick appropriate)
							□
							□
							□
							□
							□
							□
							□
							□
							□
							□

Any medicines other than anti-TB drugs prescribed at this interview	Indication	Dosage (µg/mg/g/ml)	Frequency (OD/BD/ TID)	Route (Oral/IV/ IM/Topical/other)	Start Date	Anticipated Stop date

Health facility and Reporter information

Name of treatment initiating health facility:

Name of treating clinician/ team:

Name of the Reporter:

Signature:

Date: