



SECTION A (This section should be filled by the HCWs)

(Note: Before initiating physical tracing, ensure you have made follow up calls both to the patient and treatment supporter)

Date: _____ Name of Health Facility: _____ County: _____
 Sub County: _____ Sector: GOK { } Prison: { } Private: { } FBO: { }
 Name of treatment supporter: _____ Relationship: _____ Mobile No: _____

TREATMENT STATUS

Date treatment started: _____ Date of last drug collection: _____ Date tested: _____

PATIENT PARTICULARS

Name of patient (3 names): _____ Facility Serial No: _____ S/county Reg. No: _____
 Age: _____ Sex: Male: { } Female: { } Other (specify): _____ Mobile No: _____

Physical Address

Name of the village: _____ Nearest neighbor/ School/ Landmark: _____

Type of TB:			
PTB		EPTB	DRTB
Bacteriologically confirmed	Clinically diagnosed		

REASON FOR TRACING THE PATIENT (Tick):

Has failed to attend clinic Failed to collect lab results

SECTION B (This section should be filled by the person tracing the patient)

Date of tracing: _____ Tracing Method: Physical tracing Calling

Result of Tracing: Patient Found

Reasons for interrupting treatment: _____

Action taken: _____

Patient not Found: Reason Not known in the locality Patient migrated Patient died Others (specify): _____

Note: If patient died, indicate date: _____

SECTION C: OUTCOME OF TRACING

Patient returned to treatment: Yes No Date: _____

Name of person tracing: _____ Mob No: _____

Sign: _____ Date: _____

Facility/Clinic In-charge name: _____ Mob No: _____

Sign: _____ Date: _____



Specimen

Specimen