

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Tuberculosis Preventive Therapy (TPT) Client Appointment Card

County:.....	Sub county:.....
Facility:.....	Sub County Reg No:.....
Client Name (three names)	
Phone no.....	National ID/NEMIS:.....
Sex:.....	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age/Years:..... Months:	Date initiated on TPT :.....
Weight:.....	

Treatment Options (Regimen)	Tick/
3RH	
3HP	
6H	

TREATMENT OUTCOMES

Outcome	Tick/	Date
Treatment Completed		
Lost to follow up		
Discontinued**		
Died		
Transferred Out		

Reasons for Discontinuation	(Tick (✓) all that apply)
Poor Adherence	
Adverse drug reaction	
Active TB disease	
Others	

Drug Collection Schedule

Collection date	Date for next visit

Notes

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**Remember to take care of your card and carry it during all clinic visits.
The card starts with you.**



September 2020
MOH/DNTLDP/TPTAC/01

Specimen