

## DS-TB and Hr-TB treatment card

Patient's name and surname:..... :..... Registration N°: .....

Sex:  M  F      Date of birth: ...../...../.....      Weight (kg): .....

Address<sup>a</sup>/phone number: .....

Name/phone number of a person to contact if necessary: .....

Facility: .....      Date of treatment start: ...../...../.....

Name of prescriber: .....

Treatment regimen: .....

Nb of tab per day: .....

Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

<sup>a</sup> If homeless, indicate usual locations.