



Malaria Treatment Card

District		PHC/CHC		Sub Centre		Case No.	
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Patient Details				Area Details			
Name				District Name			
Father/Husband Name				Block Name			
Age (in years)				CHC/PHC			
Gender				Sub Centre			
Pregnant				Village/Ward			
Occupation				Area Type			
Present Address				Case Number			
Phone Number				Travel Details for last month			
No. of Members staying in the house				From Location	Destination	From Date	To Date
Permanent Address							
Name of Contact Person							
Address of Contact Person							
Phone Number of Contact Person							

Follow-Up Details								
Disease Classification	Day	Date	BSC/RDK	B.S.No.	Name of Lab	Smear/RDK Result		
						PV	PF	Mixed
Complication								

Investigator Details				
Name of (initial) Visitor			Name of Treatment Provider	
Initial Home Visit Date			Designation of Treatment Provider	

Intensive Phase*Prescribed regimen and dosages:(Tab Chloroquine 25mg/Kg bw for 3 days for P. Vivax and Mix. ACT for 3 days for P. Falciparum)*

P. Vivax - 3 days intensive (No. of Tablets)		P. Falciparum - 3 days intensive (No. of Tablets)		P. Mixed - 3 days intensive (No. of Tablets)	
Chloroquine		ACT		ACT	
Date of Initiation of Treatment		Primaquine		Date of Initiation of Treatment	
		Date of Initiation of Treatment			

Radical Phase**Prescribed regimen and dosages:(Tab Primaquine 0.25mg/Kg bw per day for 14 days)**

Dose Date Started		Dose Date Ended	
Other Details			
Treatment Outcome		Outcome Date	

Contact Blood Slides (For Family Members)

Date	BSC	BSE	Result		
			PV	PF	Mixed

Mass Blood Slides (Mass Survey)

From Date	UpTo Date	BSC	BSE	Result		
				PV	PF	Mixed

Houses Sprayed

Date	No. of Houses Sprayed	No. of Rooms Sprayed	Insecticide Used

Any Side Effects of the drugs					
Retrieval Action for Missed Doses					
Date	By Whom	Whom Contacted	Reason for Missed Doses	Outcome of Retrieval	
Remarks					