

LEPROSY RECORDS & FORMS

Tuberculosis and Leprosy Control Programme Ethiopia

Leprosy Patient Record Card

Patient's name _____ Name of the health facility: _____

Age (in yrs): _____ Sex: M ☐ F ☐ Occupation: _____

Region: _____ Zone/subcity/Sp. Woreda: _____ Woreda: _____

Kebele/farmers' association: _____ Leprosy diagnosed: Yes ☐ No ☐

Type of leprosy: PB ☐ MB ☐ Date of starting treatment: _____ Unit lep. Nr: _____

Distance home to HF (in hrs walk or km): _____

History of the patient

Main complaints: _____

Duration: _____

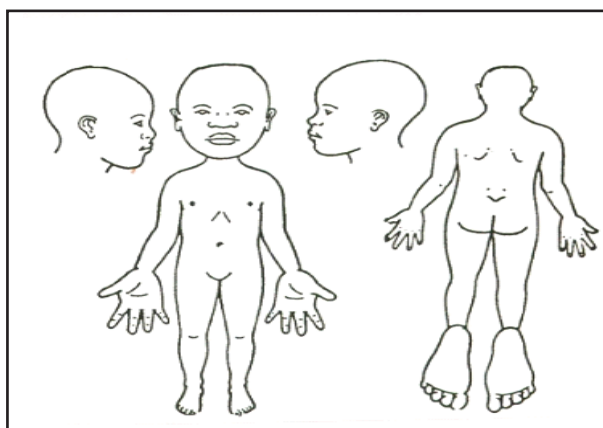
Previous Rx for leprosy (including duration): _____

Method of case finding

V = Voluntary ☐

C = Contact ☐

S = Survey ☐



Draw visible lesions (patches) on this body map

Is there sign of nerve damage: Yes ☐ No ☐

If yes, duration in months: _____

If the duration is < 6 months, give steroids or refer.

Eyes		
Visual acuity: Counting fingers at 6 meters		
R		L
	Can count	
	Cannot count	

Voluntary Muscle Testing		
Write: S=strong, W=weak P=paralysed		
R		L
	Eye closure	
	Lid gap in mm	
	5th finger	
	Thumb up	
	Foot up	

Disability grades		
R	0, 1 or 2	L
	Eye	
	Hand	
	Foot	

Examination of the skin

Characteristics of the skin lesions

Sensory loss in lesion	Present		Absent	
Number of skin lesions	1 to 5		³ 6	
Leprosy nodules	Present		Absent	

Examination of the nerves

Nerve Palpation	Ulnar		Median		Peroneal		P. tibial	
	R	L	R	L	R	L	R	L
Enlarged								
Tender								

write: + if nerve is thick and /or tender

write: ++ if nerve is very thick and / or very tender

Skin smear done only for difficult cases

Date: _____ Result: _____

Sensation Testing (ST)

Mark V where sensation is present

Mark X (with red ink) where sensation is lost

Mark any wound:

(//)

open crack:

(//)

clawing of digits:

(c)

bone loss or absorption:

(—)

on this map of
hands & feet



Remarks: _____

Reviewer: _____ Signature: _____ Date: _____

Review at completion of treatment

(Use the section at the bottom of this page when steroids are indicated for this patient)

Voluntary Muscle Testing

Write: **S**=strong, **W**=weak **P**=paralysed

R	Test	L
	Eye closure	
	Lid gap in mm	
	5 th finger	
	Thumb up	
	Foot up	

Eyes

Visual acuity:

Counting fingers
at **6 meters**

R	Test	L
	can count	
	cannot count	

Sensitivity Testing (ST)	
ST1	100%
ST2	100%
ST3	100%
ST4	100%
ST5	100%
ST6	100%
ST7	100%
ST8	100%
ST9	100%
ST10	100%
ST11	100%
ST12	100%
ST13	100%
ST14	100%
ST15	100%
ST16	100%
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ST91	100%
ST92	100%
ST93	100%
ST94	100%
ST95	100%
ST96	100%
ST97	100%
ST98	100%
ST99	100%
ST100	100%

Mark any wound (/)	Right	Left
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open crack ()

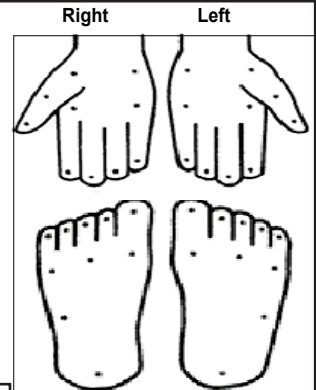
clawing of digits (**C**)

bone loss or absorption

(—) on this map

of hands & feet

Mark **V** where sensation is present



Mark **X** (with red ink) where sensation is lost

Yes ☐ No ☐ _____

If yes, duration in months:

If the duration is ≥ 6 months, give steroids or not

Remarks: _____

Disability grade (0, 1 or 2) at the time of release from treatment (RFT)

R		L
	Eye	
	Hand	
	Foot	

General condition at RFT	
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(I = improved S = same D = deteriorated)

R		L	
	Eye		To assess the general condition at RFT you must compare the disability grade and VMT/ST status at diagnosis with the status at RFT.
	Hand		
	Foot		

_____	_____	_____
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Remarks: _____

Signature: _____ Name: _____ Date: _____

	Field treatment with steroids for new nerve damage:
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If any of the symptoms and signs listed are present, please refer the patient.

If all are negative, start steroids according to the guideline in the manual.

Symptoms and signs	Yes	No
1. Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
2. Cough ≥ 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood stained sputum	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetic patient	<input type="checkbox"/>	<input type="checkbox"/>
5. Deep ulcer	<input type="checkbox"/>	<input type="checkbox"/>
6. Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]