

ENROLLMENT FORM (Page 2 of 2)

NEW DIAGNOSIS AND MEDICATION RECORD

Diagnosis	Code	Medication	Code	Dose	Frequency	Duration

Malaria visit type (always tick one)

- ☐ No malaria diagnosed today
☐ Uncomplicated malaria treated with AL
☐ Uncomplicated malaria treated with quinine for pregnancy
☐ Uncomplicated malaria treated with quinine for < 5 kg
☐ Complicated malaria treated with IV artesunate or quinine

If complicated malaria tick all criteria below that apply

- Danger signs in children <5 years of age
☐ 1-2 convulsions over a 24 hour period
☐ Inability to sit up or stand
☐ Vomiting everything
☐ Unable to breast feed or drink
☐ Lethargy

Evidence of severe disease

- ☐ Cerebral malaria
☐ ≥ 3 convulsions over a 24 hour period
☐ Severe anemia (Hb < 5 gm/dl)
☐ Respiratory distress
☐ Jaundice
☐ Other: Specify _____

LABORATORY TEST RESULTS

Blood smear reading ☐ urgent ☐ routine

If patient diagnosed with malaria will also need to do thin smear

Test	Result	Initials
Parasite density (/ul)		
Gametocyte density (/ul)		
Parasite Species (circle all that apply)	PF / PM / PO / PV / unknown	
Hemoglobin (g/dL)		
qPCR (/ul)		

Hospitalizations (always tick one)

- ☐ Patient not referred to hospital
☐ Patient referred for hospitalization (complete hospitalization form)

Request participants to always attend care at our study clinic and avoid treatment outside the study clinic. If they ever do, they should let clinic staff know about it.

- ☐ Make sure household has appointment for household survey

LLINs will be given at time household survey done

Date of next scheduled visit: | | | | / | | | | / | | | |
day month year

Initials: