Part B) Individual Health Record

Individual Name Individual ID

A. History

Modical Illaces	Data of Discussis	T.co.+mon+		Ordination and	0+1000
for NCDs	Pate of Piaginosis		<u>'</u>		
		Currently under treatment	Discontinued		

B. Screening for NCD

Risk Other - Factors Remarks		
Risk Factors		
	Oral Breast Cervical COPD Cancer Cancer Cancer (Respiratory Disorders)	
	Cervical Cancer	
	Breast Cancer	
	Oral Cancer	
sult	Diabetes	
Screening Result	Hypertension Diabetes Oral Breast Cervical COPD Cancer Cancer (Respin	
done)	Oral Breast Cervical COPD Cancer Cancer Cancer (Respiratory Disorders)	
aning was	Cervical Cancer	
ich scree	Breast Cancer	
te on wh	Oral Cancer	
specify da	Diabetes	
Screened for (specify date on which screening was done)	Hypertension Diabetes Oral Breast Cervical COI Cancer Cancer Cancer (Red	

C. Treatment Details

	Other - Remarks				
	Treatment Discontinued	Date of Discontinuation			
		Reasons for Discontinuation			
	Compliance - Currently on Treatment	Side Effects/ Complications (if any)			
		Health Date Details Health Date of Supply of Medicine Side Effects/ Facility Facility Visit Received – Monthly Complications (if any)			
		Date of S Visit			
		Health Date Facility Visit			
	Condition Date of Treatment Initiation Treatment Diagnosis	Details			
		Date			
		Health Facility			
	Date of Diagnosis				
	Condition				