

Part B) Individual Health Record

Individual Name	
Individual ID	

A. History

Known Medical Illness for NCDs	Date of Diagnosis	Treatment	Any Complications	Others
		Currently under treatment		
		Discontinued		

B. Screening for NCD

Screened for (specify date on which screening was done)					Screening Result					Risk Factors	Other - Remarks
Hypertension	Diabetes	Oral Cancer	Breast Cancer	Cervical Cancer	COPD (Respiratory Disorders)	Hypertension	Diabetes	Oral Cancer	Breast Cancer	Cervical Cancer	COPD (Respiratory Disorders)

C. Treatment Details

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