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| **Date of registration** | **Patient ID number** | | **Name  s/o, d/o, w/o** | | | | **Age** | | **Gender** | **Phone number** | | | | **Full address  (House no, Name of hamlet/ village/colony/ Nagar/ town, nearest landmark)** | | | | | | | | |
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| 1. **BP Control** - Y (Yes) – Systolic blood pressure <140 and Diastolic blood pressure <90 during most recent visit of quarter | | | | | | | | | | | | | | | | | | | | | | |
| 2. **BP Control** - N (No) – Systolic blood pressure ≥140 OR Diastolic blood pressure ≥ 90 during most recent visit of quarter | | | | | | | | | | | | | | | | | | | | | | |
| 3. **MV**: Patient missed visit for recent 3 continuous months or blood pressure was not measured or not documented | | | | | | | | | | | | | | | | | | | | | | |
| 4. **LFU:**  No visit in the previous 12 months and treatment status not known | | | | | | | | | | | | | | | | | | | | | | |
| 5. **TO**: Transfer to another govt facility/patient opted to take treatment in another govt facility (mention name of facility if known) | | | | | | | | | | | | | | | | | | | | | | |
| 6. **Pvt:** Shifted to Pvt facility - Contacted and taking treatment in the private sector (mention name of doctor if known) | | | | | | | | | | | | | | | | | | | | | | |
| 7. **Died:** Mention date of death if known | | | | | | | | | | | | | | | | | | | | | | |
| **Nearest subcenter/ Health & wellness center** | | | **Quarterly HTN outcome  (3-6 months after registration)** | | | | | **Annual HTN outcome  Q1 2020** | | | | | | | | **Annual HTN outcome  Q1 2021** | | | | | | |
| **BP control**  **Y/N/ MV** | | | | | **BP control Y/N** | | | | **Other outcomes: MV/ LFU/ TO/ Pvt/ Died** | | | | **BP control Y/N** | | | **Other outcomes: MV/ LFU/ TO/ Pvt/ Died** | | | |
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| **Quarterly HTN Outcome** | | | | | | **Annual HTN Outcome** | | | | | Total registered | | Control | | Uncontrol | | MV | LFU | | TO | Pvt | Died |
| Total Registered | | Control | | Uncontrol | MV | **Q1 2020** | | | | |  | |  | |  | |  |  | |  |  |  |
|  | |  | |  |  | **Q1 2021** | | | | |  | |  | |  | |  |  | |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Quarterly Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Summary report for Quarter: ……................................ Year……………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Registered** | **Quarterly Outcome** | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** |
|  |  |  |  |

**IHCI Annual Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Annual Summary Report for the year……………………………………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Registered** | **Annual Outcome** | | | | | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** | **Lost to Follow Up** | **Transferred to other Govt** | **Shifted to Private** | **Died** |
|  |  |  |  |  |  |  |  |

**IHCI Annual Report**

Name of Health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of district: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of reporting: day, month/Year \_\_\_\_\_\_\_\_\_\_\_

**Annual Summary Report for the year……………………………………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Registered** | **Annual Outcome** | | | | | | |
| **BP Controlled** | **BP Uncontrolled** | **Missed Visit** | **Lost to Follow Up** | **Transferred to other Govt** | **Shifted to Private** | **Died** |
|  |  |  |  |  |  |  |  |