Leishmaniasis Disease Form **Center name:**
Patient id:

This form is completed by:

Initials: _____ **Position: Physician: ☐ Nurse: ☐ Other, describe:** _____

Date of completion of form (dd-mm-yyyy): __ __-__ __-__ __ _____ **Data entered: Yes ☐ No ☐ by:** _____

PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____ Nationality: _____

Age: ____ Gender: Male: ☐ Female: ☐ Occupation _____

Current Address: Village (kebele): _____ DIstrict (Woreda): _____ Region:_____

How long in the current address: _____ (months) Original Address: (District or kebele) _____

BASIC CLINICAL INFORMATION AT ADMISSION

General condition : able to walk: ☐ unable to walk: ☐
Number of months sick before treatment: ____
Presence of concomitant infection:
No: ☐ Yes: ☐ If yes specify:
Tuberculosis ☐ Malaria ☐
Diarrhea ☐ Pneumonia ☐
HIV ☐ Otitis media ☐
Other specify _____

Clinical conditions: Fever ☐ Weight loss ☐
Jaundice: ☐ Lymphadenopathy : ☐
Vomiting: ☐ Bleeding: ☐

Spleen size (cm) _____ Haemoglobin (g/dl): _____Platelet count (if done) _____

NUTRITIONAL STATUS AT ADMISSION

Weight (Kg): _____.___ Height (cm). ___. _____ B.M.I _____or Wt/Ht_____ Oedema: Yes ∏ No ∏

LEISHMANIASIS DIAGNOSIS

New case: ☐ Relapse: ☐

If relapse: First ☐ Second: ☐
Other: ___

DISEASE CATEGORY

Visceral Leshmanaisis: ☐
Cutaneous leishmansisis: ☐
Mucocutaneous leishmaniasis: ☐
Post kala azar dermal leishmaniasis ☐

DAT: Done: ☐ Not done: ☐ DAT titre:_____

rk39: Positive: ☐ Negative: ☐ Not done ☐

Aspirate: Done: ☐ Not done: ☐

Aspirate source: Bone marrow : Positive ☐ Negative ☐
Spleen: Positive ☐ Negative ☐
Lymph nodes: Positive ☐ Negative ☐
skin slit : Positive ☐ Negative ☐

TREATMENT

Date started treatment (dd-mm-yyyy) : __ __-__ __-__ __ __ __
First treatment: SSG: ☐ Ambisome: ☐ Other: _____ ☐ No. of doses: _____
SSG plus Paromoycin No of doses: _____
Second treatment: SSG: ☐ Ambisome: ☐ Other _____ ☐ No. of doses: _____
SSG plus Paromoycin No of doses: _____

Toxicity during treatment:
Arrhythmia: ☐ Pancreatitis: ☐
Jaundice: ☐ Kidney failure: ☐
-Infusion related reactions (chills, back pain and fever)
-Injection site pain

DISCHARGE STATUS

Initial cure: ☐ Date of initial cure: (dd-mm-yyyy): __ __-__ __-__ __ __ __
Final cure: ☐ Date of Final cure: (dd-mm-yyyy): __ __-__ __-__ __ __ __
Defaulter: ☐ Date last seen (dd-mm-yyyy): __ __-__ __-__ __ __ __
Referred: ☐ Date referred: (dd-mm-yyyy): __ __-__ __-__ __ __ _
Died: ☐ Date of death: (dd-mm-yyyy): __ __-__ __-__ __ __ __
If patient died cause of death:_____

Test of cure : Done ☐ Not done ☐ Site _____
Result _____
Discharge weight (kg): _____.___
Discharge spleen size(cm): _____
Discharge haemoglobin (g/dl): _____
Discharge WBC (cell/s/mcl: _____
Discharge Platelet (cells/mcl:____

Follow up at 6 months after treatment

Cured ☐ Relapsed ☐ Died ☐ Unknown ☐

Initial cure: eradication of parasites and improvement in clinical signs and symptoms (defervescence, weight gain, spleen size decrease) at the end of treatment
Final cure: initial cure followed by 6 months follow-up without relapse and absence of clinical signs and symptoms attributable to VL (defervescence, weight gain, spleen size decrease).
Remark: _____