| | National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|-------------|----------------|---|---------|-------------------------------------|--------------------|---|---------------------|---------------------------|--------|----------|---------|---------|---------------------|--|-----------------------------|--|-------------|--|--|---|--|--|--|-----------------------------------|---------|--|
| NPCDCS Register for screening common NCDs in Government Health facilities (To be filled by Sub centre, PHC, CHC and District NCD clinics) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: | | Type of Facility: Name of Facility: | | | | | | In-charge | e of Facility: | Total Population: | | | | | | | | | | | | | | | | | | | |
| Date: | | | CS Code: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left sid | sft side of Register | | | | | | | | | | | | | | | | Right side of Register | | | | | | | | | | | | |
| SI No. | | Personal Det | ails | | Personal History Tobacco | | | у | | Family History | | | | | | Patient Examination | | | | | | | | Screening Outcome | | | Other Co-morbidities Screening | | |
| | Patient ID (NPCDCS No.) | Name / Address | Age/ Sex | Contact No. | Any known NCD (DM/ HTN/ CVD/ Ca) | 1 | Smokeless (Chewing, snuffing) | consum ntion in | Less Physical activity (Sedentary lifestyle) | Diabetes Blo Pre | High Blood Pressure | CVD | Stroke | Cancer | Height | | BMI (Wt. in Kg / Ht. in m²) (kg/m²) | Blood pressure mm/ Hg | Blood Sugar Fasting/ Random (To mention FBS/RBS) mg/ dl | examination | Breast Examination Normal/ Abnormal | Visual inspecti on of Cervix Normal/ Abnormal | Any other investig ation/ finding | Final diagnosis at NCD clinic | | Initiation | Screened for TB symptoms | | |
| | | | | | Please mention Disease | Yes/ No | Yes/ No | | Yes/ No | | Yes/ No | Yes/ N | o Yes/No | Yes/ No | (metre) | | | | | | | | | | | Referred/ on FU/ Lost to FU/ Died/ | | Yes/ No | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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