

NHDP ANNUAL FOLLOW UP FORM

Date of Exam ____ / ____ / ____

Name: _____ Gender: ____ Date of Birth ____ / ____ / ____

NHDP Clinic OR City / State: _____

Treating Physician: _____ Telephone or E-mail: _____

	Hands				Feet					Eyes			
	Right		Left		Right		Left			Right		Left	
	Yes	No	Yes	No	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Sensation?	<input type="checkbox"/>	Blink abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Visible deformity?	<input type="checkbox"/>	Visible abnormality? (see instructions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Was patient treated for leprosy reaction (e.g. prednisone required) during the last year? Yes No

Status regarding completion of minimum treatment of HD (check one)

1. Continuing in first year of MDT. <input type="checkbox"/>	4. Lost to follow up <input type="checkbox"/>
2. Continuing in second year of MDT. <input type="checkbox"/>	5. Deceased <input type="checkbox"/>
3. Completed *minimum course of MDT. <input type="checkbox"/>	6. Other (re-treatment after relapse, etc.) <input type="checkbox"/>

Month and year _____

*Minimum=1 yr. for PB disease, 2 yrs. for MB disease

INSTRUCTIONS:

Disability: Eyes, Hands & Feet:

For each eye, hand and foot, check Yes or No for:

Loss of sensation:

Hands & Feet: Y = loss of sensation at 2 points

Eyes: Y = blinking is abnormal (very infrequent)

Normal eyes = No

Visible deformity:

Hands & Feet: Y = Muscle wasting, clawing of fingers, wounds or ulcers

Eyes: Y = Lagophthalmos, Reduced vision, Uveitis, etc.

Leprosy reaction during the last year: Y = ANY reaction requiring corticosteroids

For NHDP clinics using monofilaments:

Hands: Y = inability to feel 2g filament

Feet: Y = inability to feel 10g filament

This form may be Faxed or Mailed to:

**NATIONAL HANSEN'S DISEASE PROGRAMS
 MEDICAL DEPARTMENT
 1770 PHYSICIANS PARK DRIVE
 BATON ROUGE, LA 70816
 ATTENTION: BERYL ASBERRY, MHR, MISM, BS
 FAX (225) 756-3706**