| | | | | | | | | 2013 CBHI Form No. 3-A | | | | | | | |
|-----------------------|---|------------------------|---------------------------------------|---------|--------------------|---|-----------------|------------------------|----------------|---------------------|--|-------------------|-------------------------------|--|--|
| ٠. | NTHI V DEDORT ON CASES A | ND DEATHO DUE T | | | | | | | | | Monthl | У | | | |
| . د. چــ - | NTHLY REPORT ON CASES A | IND DEATHS DUE I | O NON | -COMM | IUNICA | BLE DIS | EASES | S IN T | HE ST | ATE/L | JT | | | | |
| Name of the State/UT: | | | Reporting | | | | | Month & Year: | | | | | | | |
| Tota | al No. of Govt. Secondary, Tertia | and & Cumar Canadalita | | -1.0 | | | | | | | L | | | | |
| Insti | tutions in the State/UT: | ary & Super Speciality | Medic | al Care | • | | | | /ledica | | | | | | |
| | : | | | | | the Mo | | | | ons Reported During | | | | | |
| _ | T Notario | | · · · · · · · · · · · · · · · · · · · | | | | | | 1U1. | | | L | | | |
| S. No | Nature/ Group of Non Communicable Diseases | ICD-10 Code | | New* F | atients | ients Reported/Treated During the Month Total Dea | | | | | | | eaths | | |
| | | | Out-Patient (OPD) Cases | | In-Pat | In-Patient(IPD) IPE Cases Referred Re | | IPD Cases Reported | | Total Cases | | | During the Reporting Month | | |
| | | | | | | | | | | | | | | | |
| | | | | | Amongst Out- | | Direct | | | | | | | | |
| | | | | | Patients(OPD) | | | | | | | | | | |
| 1 | | - | M | - | M | F | M | F | М | F | Total | <u> M</u> | F | Total | |
| | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 (3+7) | 10 (4+8) | (9+10) | 12 | 13 | 14 | |
| 1 | Cardio Vascular Diseases | | - | | | · | | | | <u></u> | 1, ,,, | | L | <u> </u> | |
| 1.1 | Rheumatic Fever | 100 – 102 | | | | | | | | 1 | | | T | T - | |
| 1.2 | Hypertension | 110 - 115 | | | | | | | | | 1 | | | - | |
| 1.3 | Ischemic Heart Diseases | 120 - 125 | | | | | | | | | | | | <u> </u> | |
| 1.4 | Congenital Heart Disease | Q20 - Q28 | | | | | | | | | | | | | |
| 1.5 | Other Cardio Vascular | 105-109,126-152,170- | | | | | | | | | | | | | |
| | Diseases | 199 | | | | | | | | | | | | | |
| 2 | Neurological Disorders | T | | | | | | | | | | | | <u> </u> | |
| 2.1 | Cerebro Vascular Accident | 160-169 | | 1 | | | | | | | | | | | |
| | Chronic Neurological Disorder | | | | | | | | | | | | | | |
| | Other Neurological Disorders | F 00-03, G 00-G83 | | | | | | | | | | | | | |
| | | G 00-G63 | | | | | | | | • | | | | | |
| | Diabetes Mellitus | | | | | | | | | | | | | 1 | |
| 3.1 | Type 1 | E 10 | | | | | | | | | | | | | |
| 3.2 | Type 2 | E 11 | | | | | | | | | | | | | |
| | Lungs Disease | T | | | | | | | | | | | | • · · · · · · · · · · · · · · · · · · · | |
| .1 .2 | Bronchitis | J 40 | | | | | | | | | | | | | |
| .3 | Emphysemas Asthma | J 43 | | | | | | | | | | | | | |
| | Psychiatric Disorder | J 45 | | L | | | | | | | <u> </u> | | | | |
| .1 | Common Mental Disorders | F10-F19 | | | make the Secretary | | | | | | | · | | | |
| .2 | Severe Mental Disorders | F 99 | | | | <u> </u> | | | | | ļ | | | | |
| _ | Accidental Injuries | S00-S99,T00-T14 | | | | | | | | | | | | | |
| | Cancer (Malignant & Benign) | 300-399,100-114 | | | | | | | | | \vdash | | | | |
| | Cervix Cancer | C53, D26 | | | | | | | | | \longrightarrow | | | | |
| | Breast Cancer | C50 & D24 | | | | | | | | | | \longrightarrow | | | |
| | Lung Cancer | C34, D14.3 | | | | | + | | | | | | | - | |
| | Oral Cancer (Lin. Oral Cavity | | | | | | | | | | | | | | |
| | and Pharynx) | C00 - C14, D10 | ĺ | | . | | | | | . | | | | | |
| | Other Cancers(excluding 7.1 | | | | | | - - | | | | | | | | |
| | | C00-D48 | | | | | | | | İ | | Ì | ŀ | | |
| | | · - | | İ | | | | 1. | | | | | | | |
| - 1 | Snake Bite | T 63 0 | | | | | | | | | | + | | | |

- Male, F - Female, T - Total

Chronic Renal Failure

Road Traffic Accidents

Renal Failure Acute Renal Failure

Obesity

** - Other Neurological disorders like Epilepsy, Parkinson's Diseases

New Registrations are to be considered as New Patients.

N 17

N 18

E 66

V01-V89

onth only by Dte.HS HQ.

| Signature | |
|-------------------------------------|--|
| Name & Designation | |
| Address with telephone No. / e-mail | |

