

MONTHLY REPORT ON CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES IN THE STATE / UT

Name of the State/UT: Reporting Month & Year: Total No. of Govt. Secondary, Tertiary & Super Speciality Medical Care Institutions in the State/UT: No. of Medical Care Institutions Reported During the Month:

| S. No | Nature/ Group of Non Communicable Diseases | ICD-10 Code | New* Patients Reported/Treated During the Month | | | | | | | | | Total Deaths During the Reporting Month | | | |
|-----------|--------------------------------------------|-------------------------|-------------------------------------------------|---|----------------------------------------------------------|---|---------------------------|---|-------------|-------------|--------------|-----------------------------------------|----|-------|--|
| | | | Out-Patient (OPD) Cases | | In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD) | | IPD Cases Reported Direct | | Total Cases | | | M | F | Total | |
| | | | M | F | M | F | M | F | M | F | Total | | | | |
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 (3+7) | 10 (4+8) | 11 (9+10) | 12 | 13 | 14 | |
| 1 | Cardio Vascular Diseases | | | | | | | | | | | | | | |
| 1.1 | Rheumatic Fever | I00 – I02 | | | | | | | | | | | | | |
| 1.2 | Hypertension | I10 - I15 | | | | | | | | | | | | | |
| 1.3 | Ischemic Heart Diseases | I20 - I25 | | | | | | | | | | | | | |
| 1.4 | Congenital Heart Disease | Q20 - Q28 | | | | | | | | | | | | | |
| 1.5 | Other Cardio Vascular Diseases | I05-I09,I26-I52,I70-I99 | | | | | | | | | | | | | |
| 2 | Neurological Disorders | | | | | | | | | | | | | | |
| 2.1 | Cerebro Vascular Accident | I60-I69 | | | | | | | | | | | | | |
| 2.2 | Chronic Neurological Disorder | G90-G99 | | | | | | | | | | | | | |
| 2.3 | Other Neurological Disorders ** | F 00-03, G 00-G83 | | | | | | | | | | | | | |
| 3 | Diabetes Mellitus | | | | | | | | | | | | | | |
| 3.1 | Type 1 | E 10 | | | | | | | | | | | | | |
| 3.2 | Type 2 | E 11 | | | | | | | | | | | | | |
| 4 | Lungs Disease | | | | | | | | | | | | | | |
| 4.1 | Bronchitis | J 40 | | | | | | | | | | | | | |
| 4.2 | Emphysemas | J 43 | | | | | | | | | | | | | |
| 4.3 | Asthma | J 45 | | | | | | | | | | | | | |
| 5 | Psychiatric Disorder | | | | | | | | | | | | | | |
| 5.1 | Common Mental Disorders | F10-F19 | | | | | | | | | | | | | |
| 5.2 | Severe Mental Disorders | F 99 | | | | | | | | | | | | | |
| 6 | Accidental Injuries | S00-S99,T00-T14 | | | | | | | | | | | | | |
| 7 | Cancer (Malignant & Benign) | | | | | | | | | | | | | | |
| 7.1 | Cervix Cancer | C53, D26 | | | | | | | | | | | | | |
| 7.2 | Breast Cancer | C50 & D24 | | | | | | | | | | | | | |
| 7.3 | Lung Cancer | C34, D14.3 | | | | | | | | | | | | | |
| 7.4 | Oral Cancer (Lip, Oral Cavity and Pharynx) | C00 - C14, D10 | | | | | | | | | | | | | |
| 7.5 | Other Cancers(excluding 7.1 to 7.4) | C00-D48 | | | | | | | | | | | | | |
| 8 | Snake Bite | T 63.0 | | | | | | | | | | | | | |
| 9 | Renal Failure | | | | | | | | | | | | | | |
| 9.1 | Acute Renal Failure | N 17 | | | | | | | | | | | | | |
| 9.2 | Chronic Renal Failure | N 18 | | | | | | | | | | | | | |
| 10 | Obesity | E 66 | | | | | | | | | | | | | |
| 11 | Road Traffic Accidents | V01-V89 | | | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | | | | |

M - Male, F - Female, T - Total

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

* - New Registrations are to be considered as New Patients.

This Monthly Report should be communicated Online www.cbhidghs.nic.in to CBHI positively by 20th of the succeeding month. In case it is not at all possible for Online data transmission, then send through e-mail- dircbhi@nic.in OR Fax 011 – 23061529/23063175 to CBHI by 20th of succeeding month only by Dte.HS HQ.

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

