

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:

Sl. 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					
3	4	5	6	7	8	9 (3+7)	10 (4+8)	11 (9+10)	12	13	14					
1	Cardio Vascular Diseases															
1.1	Hypertension	I 10-15														
1.2	Ischemic Heart Diseases	I 20-25														
2	Neurological Disorders															
2.1	Cerebro Vascular Accident	I 60-69														
2.2	Other Neurological Disorders **	F 00-03, G 20-22, G 40-41, G 98-99														
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	F10-19														
5.2	Severe Mental Disorders	F 99														
6	Accidental Injuries	S 00-99, T 00-14														
7	Cancer	C00-D48														
8	Snake Bite	T 63														
9	Renal Failure															
9.1	Acute Renal Failure	N 17														
9.2	Chronic Renal Failure	N 18														
10	Obesity	E 66.9														
11	Road Traffic Accidents	V 01-89														
	TOTAL															

M - Male, F - Female, T - Total

** - Other Neurological disorders like Epilepsy, Parkisons Diseases, Dementia.

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

Secondary Medical / Health Care Institutions: Taluka /CHC/District Hospitals

Tertiary Medical / Health Care Institutions: Speciality & Super Speciality Hospitals at Regional/State Level including attached to Medical Colleges.

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, positively.

To :

The Director, Central Bureau of Health Intelligence (CBHI),

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Signature	
Name & Designation	
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