# Taiwan International Hansen's Disease Referral Form

TO: *Health Officer, Physician, or Hansen's disease Control Personnel of*_____(Country):
*The individual named below is a Hansen's disease patient and started on treatment in Taiwan. Please make sure that the patient completes a full course of treatment. Thank you very much for your cooperation.*

**1. Patient's basic information:**

| | |
|---|---|
| **(1) Name** | First Name:_____ Last Name:_____ |
| **(2) Sex/ Date of birth** | ☐ Male ☐ Female / _____/____/____ (year/month/day) |
| **(3) Passport No.** | |
| **(4) Flight arrival info.** | Date:_____/____/____ Flight No.:_____ |
| **(5) Address** | |
| **(6) Telephone** | |
| **(7) Contact person** | First Name:_____ Last Name:_____<br>The relationship to the patient:_____<br>Telephone: _____ |

**2. Patient's clinical information:**

| | |
|---|---|
| **(1) Diagnosis date** | _____/____/____ (year/month/day) |
| **(2) Classification of disease** | ☐Paucibacillary type<br>☐Multibacillary type |
| **(3) Site(s) of disease** | |
| **(4) Initial and recent test results** | |

| Date | Test | Result |
|---|---|---|
| _____/____/___ | | |
| _____/____/___ | | |
| _____/____/___ | | |
| _____/____/___ | | |
| _____/____/___ | | |
| _____/____/___ | | |
| (ex: skin smears、skin biopsy) | | |

**(5) Current medications**

| Start Date | Drug | Dose | Frequency | Duration |
|---|---|---|---|---|
| ____/____/____ | | | | |
| ____/____/____ | | | | |
| ____/____/____ | | | | |
| ____/____/____ | | | | |
| ____/____/____ | | | | |
| ____/____/____ | | | | |
| | | | | |

**(6) Treatment plan**

| Planned Stop Date | Drug | Dose | Frequency | Duration |
|---|---|---|---|---|
| ____/____/___ | | | | |
| ____/____/___ | | | | |
| ____/____/___ | | | | |
| ____/____/___ | | | | |
| ____/____/___ | | | | |
| ____/____/___ | | | | |
| | | | | |

**(7) Any other comments**

**3. Contact information:**

*If you have any further questions, please contact the following person who is in charge of the international referral affairs in Centers for Disease Control, Taiwan.*

| | |
|---|---|
| **(1) Name** | ☐ Dr./ ☐ Mr./ ☐ Ms. |
| **(2) Address** | |
| **(3) Telephone** | |
| **(4) Fax** | |
| **(5) E-mail** | |