

TORCHES PROGRAMME

LAB No. :

REG.NO. :

DATE SPECIMEN COLLECTED :

Town :

HOSPITAL :

WARD :

BED No. :

Name :

AGE (0-5 yrs)+:

SEX :

RACE :

Condition at Birth	Normal	Birth Weight :	Abnormal (Describe) :			
General Condition	Healthy	Sickly	Nutrition : Good/ Fair/ Poor			
	Others:		Remarks :			
Skin	Rash : Generalised/ Localised		Distribution :			
	Mature :		Fissure :			
	Others :		Remarks :			
Eye	Blind	Sighted	Cataract : Unilateral/ Bilateral			
	Chorioretinitis		Interstitial Keratitis			
	Others		Remarks :			
Ear	Deaf	Dumb	Remarks :			
Viscera	Hepatomegaly	Jaundice	Hepatitis	Splenomegaly		
	Congenital heart		Myocarditis	Pneumonitis		
			Remarks :			
C.N.S	Convulsion	Epilepsy	Hydrocephalus	Microcephaly		
	Cerebral Calcification :		X ray Skull			
	Encephalitis	Mental deficiency	Cerebral Palsy	Tabes		
	CSF Finding		Remarks :			
	Others :					
Blood	Anaenemia : Hemolytic / Erythroblastic			Remarks :		
	Others :					
Bone & Joint	Osteochondritis	Dactylitis	Sabre shin	Frontal bossing		
	Saddle nose	Punch out palate	Clutton's joint			
	Others :		Remarks :			
Teeth & Micious Membrane	" Snuffles "	Nasal Discharge	Mucosal haemorrhages			
	Hutchison's teeth		Moon's molars			
	Others :		Remarks :			
PROVISIONAL DIAGNOSIS : Toxoplasmosis/ Rubella/ CMV/ Herpes Simplex/ Syphilis Date _____ Signed _____ Name : _____ (in block letters)						
Disease	Toxoplasmosis	Rubella	CMV	Herpes Simplex	Syphilis	Remarks
Titres						

+ For Syphilis the age of patient may be 0 – 15 years.