NATIONAL INSTITUTE OF COMMUNICABLE DISEASES

PROFORMA FOR CYSTICERCOSIS

HOSPITAL **REGN. NO.**
NAME **AGE** **SEX**
RESIDENTIAL ADDRESS

OCCUPATION

HOUSE HOLD HYGIENE **POOR/GOOD**
PERSONAL HYGIENE **POOR/GOOD**

HISTORY

PASSING TAPEWORM PROGLOTTIDS IN STOOL	YES/NO
REARING PIGS	YES/NO
FAMILY H/O SIMILAR ILLNESS	YES/NO
DIETERY STATUS	VEG/NON VEG
CONSUMPTION OF PORK	YES/NO

SYMPTOMS

CONVULSIONS	YES/NO	DURATION	
FEVER	YES/NO	HEADACHE	YES/NO
VOMITING	YES/NO	NEUROLOGICAL DEFICIT	YES/NO
VISION DEFECT	YES/NO	PSYCHOLOGICAL CHANGE	YES/NO
S/C NODULE	YES/NO	ABDOMINAL PAIN	YES/NO

X- RAY FINDINGS

CATSCAN FINDINGS
INFLAMMATORY GRANULOMA/TUBERCULOMA/ CALCIFIED GRANULOMA/ RING LESIONS

INVESTIGATIONS:

BIOCHEMICAL	CSF-PRESSURE	RAISED/NORMAL
	CHLORIDE -	
	GLUCOSE –	
	CELLULAR MORPHOLOGY	

PARASITOLOGICAL

STOOL EXAMNATION	*OVA OF T.SOLIUM*	YES/NO
	OVA OF T.SAGINATA	YES/NO