

Reporting and Clinical Care Forms Deadlines

Form	Deadline														
C-12 Texas Hansen's Disease Surveillance Form and Case Report	<p><u>Newly diagnosed patients, or patients new to Texas:</u></p> <ul style="list-style-type: none"> Fill out completely at initial visit if patient has NEVER had a diagnosis of HD in the United States and/or if they are new to Texas; if previous diagnosis occurred in Texas, contact DSHS first Submit to DSHS within 5 business days of first visit 														
HD-400 Hansen's Disease Encounter Form	<p><u>All patients new and established:</u></p> <ul style="list-style-type: none"> Complete at initial and each visit where services are performed Submit to DSHS within 5 business days of encounter or change in demographics, dispositions, medications, etc. DO NOT submit to DSHS if completed for medical record documentation of routine case management activities where specific HD services are not provided (i.e. phone calls to remind clinic visit, laboratory results that do not require additional intervention, etc.) 														
HD-406 Change of Patient Information	<p><u>For change in patient demographics:</u></p> <ul style="list-style-type: none"> Send to DSHS within 5 days of notification of change 														
HD-407 Change in HD Personnel	<p><u>For updates and changes of HD clinic staff:</u></p> <ul style="list-style-type: none"> Send to DSHS the 5th of each month, when changes occur 														
HD-410 Quality Improvement Activity Report	<p><u>For Clinic Staff ONLY:</u></p> <ul style="list-style-type: none"> Complete and return to DSHS by the following dates if unable to attend monthly roster calls*: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Reporting Periods</th> <th style="text-align: center;">Due to DSHS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">December and January</td> <td style="text-align: center;">February 1</td> </tr> <tr> <td style="text-align: center;">February and March</td> <td style="text-align: center;">April 1</td> </tr> <tr> <td style="text-align: center;">April and May</td> <td style="text-align: center;">June 1</td> </tr> <tr> <td style="text-align: center;">June and July</td> <td style="text-align: center;">August 1</td> </tr> <tr> <td style="text-align: center;">August and September</td> <td style="text-align: center;">October 1</td> </tr> <tr> <td style="text-align: center;">October and November</td> <td style="text-align: center;">December 1</td> </tr> </tbody> </table> <p><i>*clinics may choose to complete the HD 410 even if available for monthly roster calls</i></p>	Reporting Periods	Due to DSHS	December and January	February 1	February and March	April 1	April and May	June 1	June and July	August 1	August and September	October 1	October and November	December 1
Reporting Periods	Due to DSHS														
December and January	February 1														
February and March	April 1														
April and May	June 1														
June and July	August 1														
August and September	October 1														
October and November	December 1														
NHDP-130 Hand Evaluation Screen NHDP-133 Foot Evaluation Screen NHDP-216 Eye Evaluation Screen	<p><u>New Patient:</u></p> <ul style="list-style-type: none"> Submit to DSHS within 5 business days of initial visit Perform screens quarterly while in active phase of treatment (taking MDT or reaction medications), then annually for three years, and as needed based on visual inspection or deterioration in screening such as muscle weakness, decrease in sensation or decreased function. Eye screens required for any patient on corticosteroids. Submit to DSHS within 5 business days of screening date 														
NHDP-208 NHDP Annual Follow-up Form	<p><u>Established Patients:</u></p> <ul style="list-style-type: none"> Fill out completely at the anniversary date of patient's initial visit during the active phase and observation period. Observation period refers to the three-year period immediately following completion of MDT or reaction medication Submit to DSHS within 5 business days of completion/anniversary date 														
Monthly Reports	<p><u>For Clinic Staff ONLY:</u></p> <ul style="list-style-type: none"> Clinic roster updates monthly, as scheduled by DSHS 														