

CHEST Clinic Format 1: Line list of individuals accessing services

(to be maintained at District Hospitals/Medical College Hospitals where CHEST Clinics are organised)

Name of the Hospital:

Date:

Block:

District:

State:

Sl. No	Name of Individual/Patient and Phone #	Age	Gender	Village	Block	ICD Code for Provisional/confirmed diagnosis	ICD code for exposure to Air Pollution
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							