

Tuberculosis Epidemiological Record

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth	Month	Day
		Year
4. Race <input type="checkbox"/> 1. American Indian/Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Unknown		
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
5. Gender <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male		
6. County of Residence		

Patient phone: (H) _____ No phone
(W) _____
(C) _____

Occupation(s): _____

Alternate contact for patient: _____

Alternate contact phone: _____

Primary care MD: _____ None

Primary care MD phone: _____

Country of birth USA Foreign-born (list) _____ Date of arrival in US: _____

Primary language: English Other _____ English proficiency (check all that apply): Understands Speaks Reads

Can patient read in primary language? YES NO Was an interpreter necessary for this interview? YES NO

Reason for presenting to TB clinic:

<input type="checkbox"/> Job/administrative screening	<input type="checkbox"/> Contact investigation
<input type="checkbox"/> Refugee/Class B	<input type="checkbox"/> Outreach screening
<input type="checkbox"/> Population risk for TB	<input type="checkbox"/> Suspected active TB
<input type="checkbox"/> Medical risk for TB	<input type="checkbox"/> Confirmed active TB
<input type="checkbox"/> Patient referred by a health care provider: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Allergies: _____

Medications: _____

Wt: _____ lbs / kg

(circle) **TST / TSPOT / QFT:** Testing site _____ Date placed _____ Date read _____ Result _____ mm / other

(circle) **TST / TSPOT / QFT:** Testing site _____ Date placed _____ Date read _____ Result _____ mm / other

Prior treatment for LTBI: NO YES (dates) _____ Prior treatment for active TB: NO YES (dates) _____

Contact to case? YES NO

Case ID: _____

HIV status: POS NEG Refused Not Offered Unknown

On ART? YES NO

Meds: _____

MEDICAL HISTORY

Average daily alcohol use (circle):
None <1 drink 1-2 drinks 3 or more drinks
Binge (5 or more drinks in 1 day, not every day)
(1 drink=12 oz beer=4 oz wine=1 shot liquor)

Tobacco (circle):
Never Former Current

Y N Uses illegal drug besides cocaine/heroin
Drug name(s): _____

Y N Pregnant LMP ___/___/___

Y N Using birth control (type) _____

Y N Currently breastfeeding

Y N Chronic obstructive pulmonary disease

Y N Other lung disease (name) _____

Y N Chronic hepatitis B

Y N Hepatitis C

Y N Other liver disease (name) _____

Y N Foreign travel to endemic area (place/date) _____

RISK FACTORS

Presumptive treatment / window prophylaxis (TST 0 mm)

Y N HIV positive and contact to TB

Y N Child <5 yrs and contact to TB (window prophylaxis)

TST positive at 5 mm

Y N HIV positive

Y N Transplant recipient

Y N Immunosuppressed (TNF- α inhibitors, \geq 15 mg prednisone/day)

Y N Close contact to TB

TST positive at 10 mm

Y N Immigrant from high-incidence country

Y N IV drug use (circle drug):
Cocaine Heroin Other

Y N Crack cocaine use

Y N Silicosis

Y N Diabetes mellitus

Y N Underweight
Height: _____ in / cm
BMI: _____

Y N End-stage renal disease (on dialysis)

Y N Cancer of head & neck / lung cancer / lymphoma / leukemia

Y N Gastrectomy / jejunal bypass

Y N Jail/prison: Resident Employee

Y N Incarceration history: _____

Y N Homeless shelter: Resident Employee
Shelter history: _____

Y N Healthcare worker

Y N Long-term care facility: Resident Employee

Y N Child <4 years old

Y N Child exposed to high-risk adult

TB SYMPTOMS

Y N Cough
Cough onset: _____
Cough productive: Y N

Y N Hemoptysis

Y N Fever

Y N Night sweats

Y N Chest pain

Y N Shortness of breath

Y N Poor appetite

Y N Weight loss (amount _____)

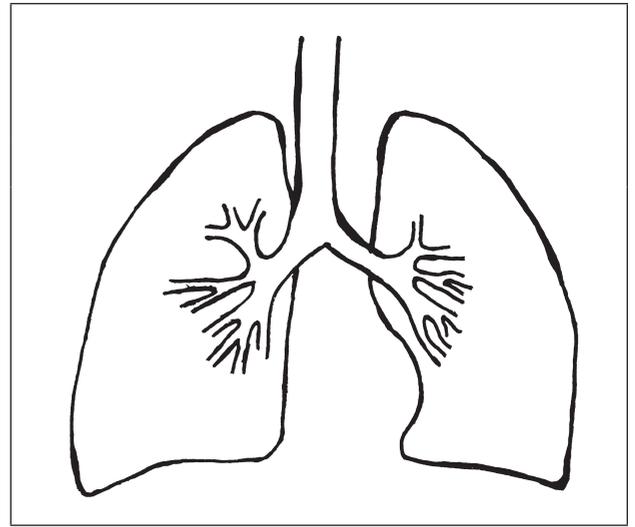
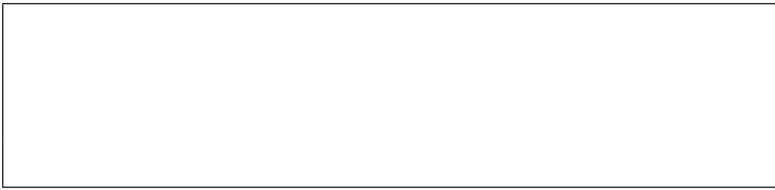
Y N Swollen glands in neck

Y N Cervical lymphadenopathy on nurse exam

Nurse: _____

Signature: _____

Date: _____



Film # _____ Location where taken: _____

CHEST RADIOGRAPH Date: ___/___/___ Check if end of treatment CXR

Result:

- Normal
- Abnormal
- Atelectasis Nodules
- Cavity Pleural effusion
- Granuloma Pleural thickening
- Infiltrate Scarring
- Mediastinal lymphadenopathy

Comments on CXR:

Physician notes and examination:

Prior Chest radiograph date: ___/___/___

Comparison:

- Improved
- No change
- Worse

CURRENT STATUS:

- No further TB f/u needed
- Evaluation in progress
- Latent TB
- Suspected active TB
- Confirmed active TB

ORDERS:

ALL PATIENTS ARE TO BE MONITORED PER NC STATE AND COUNTY TB POLICIES.

- Sputum x 3 for AFB, then x 2 q 2 weeks
- Draw liver function tests monthly
- Respiratory isolation
- Close to TB follow up
- Treat for latent TB infection:
 - Isoniazid _____ mg po x 9 months
 - Daily, self-administered
 - Twice-weekly, directly observed
 - Rifampin _____ mg po x 4 months daily
 - Self-administered
 - Directly observed
 - Isoniazid _____ mg + Rifapentine _____ mg po once-weekly x 12 weeks, directly observed

Treat for active TB:

- For 2 weeks or _____ weeks: Other orders:
 - Isoniazid _____ mg po qd
 - Rifampin _____ mg po qd
 - Pyrazinamide _____ mg po qd
 - Ethambutol _____ mg po qd
 - B6 _____ mg po qd

THEN for the next 6 weeks:

- Isoniazid _____ mg po 2x/week
- Rifampin _____ mg po 2x/week
- Pyrazinamide _____ mg po 2x/week
- Ethambutol _____ mg po 2x/week
- B6 _____ mg po 2x/week

THEN for the next 18 weeks:

- Isoniazid _____ mg po 2x/week
- Rifampin _____ mg po 2x/week
- B6 _____ mg po 2x/week

Physician signature _____ Date _____