**Tuberculosis Epidemiological Record**

**Reason for presenting to TB clinic:**
- Job/administrative screening
- Contact investigation
- Refugee/Class B
- Outreach screening
- Population risk for TB
- Suspected active TB
- Medical risk for TB
- Confirmed active TB
- Patient referred by a healthcare provider

**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

**TB SYMPTOMS**

**ADDRESS EACH RISK FACTOR BELOW**

**Got TB?**

**Patient phone:**

**Wt:**
- lbs / kg

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**TB SYMPTOMS**

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**Got TB?**

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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:

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:
□ Isoniazid ______ mg po daily for 8 weeks
□ Rifampin ______ mg po daily for 8 weeks
□ Pyrazinamide ______ mg po daily for 8 weeks
□ Ethambutol ______ mg po daily for 8 weeks
□ Other ______ mg po daily for 8 weeks
□ B6 ______ mg po daily for 8 weeks

Followed by:
□ Isoniazid ______ mg po □ daily □ thrice weekly for ______ weeks
□ Rifampin ______ mg po □ daily □ thrice weekly for ______ weeks
□ Other ______ mg po daily for ______ weeks
□ Other ______ mg po daily for ______ weeks
□ B6 ______ mg po daily for ______ weeks

Physician notes and examination:

Physician signature_____________________________________________________ Date_____________________