

TUBERCULOSIS FLOW SHEET

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	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		

Allergies:

Medication	INH	RIF	PZA	EMB		
Date Started						
Date Stopped						

Date of HIV testing ___/___/___

- Check all that apply:*
- Release of Information signed
 - Declined Treatment
 - TB Treatment Agreement signed
 - TB card given and Discharge
 - Drug information sheet(s) given
 - Discussed potential side effects and action to take

Visit Date									
Weight									
Date of Last Menstrual Period									
Sputums Collected									
Blood Chemistry Drawn									
Medications:									
Birth Control (specify method)									
Hormone Replacement Therapy									
Insulin/Oral Hypoglycemic Agents									
Steroids									
Anticonvulsants									
Methadone									
Antibiotics									
Anticoagulants									
Statin drugs									
Heart Medication									
HIV Medication									
Immunosuppressive drugs/Anti-TNF Drugs									
Other (specify)									

SIGNATURE (each visit)



Patient Name, #, or DOB
or
Attach Patient Label Here

Monitoring for Drug Reactions

Visit Date										
GENERAL SIDE EFFECTS – ALL MEDS										
Loss of Appetite										
Nausea/Vomiting/Abdominal Pain										
Unusual Fatigue/Weakness										
Jaundice/Brownish Urine										
Unexplained Fever/Chills										
Unexplained Headaches										
Mental Changes										
Muscle or Joint Pain										
Flushing										
Rash/Itching										
ISONIAZID										
Numbness/Tingling of the Extremities										
RIFAMPIN/RIFABUTIN/RIFAPENTINE										
Bruising/Bleeding										
Flu-like Symptoms										
ETHAMBUTOL										
Red/Green Color Discrimination										
Visual Acuity R										
Visual Acuity L										
Visual Acuity Both										
PYRAZINAMIDE										
Increased Sun Sensitivity										
AMINOGLYCOSIDES (SM, KM, ETC)										
Second Line Drugs Require Additional Monitoring.										
List Drug and Needed Monitoring.										
OTHER										

SIGNATURE (each visit)