

Tuberculosis Patient Information Sheet: Secondary Report

2001A-TB-002

Patient Last Name: _____ First Name: _____
 Address: _____ Occupation: _____
 Phone: _____ DOB: _____ Country of Birth: _____ Weight: _____
 Race: White Asian Hispanic: Yes No Sex: M F
 Black Am. Indian No F Pregnant
 History of BCG. Year given: _____
 If foreign born, year of entry into U.S.: _____
 Date PPD Given: _____ Induration: _____ mm Previous Positive
 Initial CXR Date: _____ Finding: Normal Abnormal If Abnormal: Cavitary Non-cavitary
 Follow-up CXR Date: _____ Finding: Stable Improving Worsening Not Done
 Bacteriology (Isolate used to rule out or confirm TB) Collection Date: _____
 Source: Sputum Gastric Aspirate Smear: _____ If Positive, Quantity: _____
 Pleural Fluid Urine Spinal Fluid Positive AFB +/- 3+
 Lung Tissue Blood Bronchial Washing Negative 1+ 4+
 Lymph Node Other: _____ Not Done 2+ Not Reported
 Bacterial confirmation: Culture Nucleic Acid Amplification
 Laboratory Name: _____
 Culture: M.tb Mycobacterium Other Than TB
 TB Chemotherapy Start Date: _____ No medications started

	Dose/Frequency		Dose/Frequency		Dose/Frequency
<input type="checkbox"/> Isoniazid	_____	<input type="checkbox"/> Rifampin	_____	<input type="checkbox"/> Rifabutin	_____
<input type="checkbox"/> Pyrazinamide	_____	<input type="checkbox"/> Ethambutol	_____	<input type="checkbox"/> Streptomycin	_____
<input type="checkbox"/> Other: Specify	_____				

 Drug Susceptibility Testing (M.tb isolates only) Reported Not Ordered
 If reported, Collection Date of Isolate Tested: _____
 Results:

	1st Line Drugs			2nd Line Drugs		
	Sensitive	Resistant	Not Done	Sensitive	Resistant	Not Done
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capreomycin	<input type="checkbox"/>	<input type="checkbox"/>
Rifampin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethionamide	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rifabutin	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

 Per reporting regulations, the sensitivities Report Culture will be submitted to the health department.
 HIV Status: Positive Negative Refused Indeterminate Results not shared
 Not Offered. Reason: _____
 If positive, is patient on a protease inhibitor?: Yes Specify: _____
 Household contacts identified and screened? Yes (Document results on 2001A-TB-006).
 Additional Comments: (Concurrent health conditions and medications, etc.)

 PMD Info: _____