

**Virginia Department of Health
Tuberculosis and Health Assessment/History**

Name: Last First Birth Date Sex

Provider Name Provider Address Provider Phone Number

Interpreter Name

MEDICAL HISTORY	+/-	COMMENTS		+/-	COMMENTS
Allergies			Leukemia		
Diabetes		Family hx?	Lymphoma		
Respiratory problems		Other family members?	Cancer		<input type="checkbox"/> Head/neck <input type="checkbox"/> Other
Silicosis/asbestosis			HIV Diagnosis		If HIV+, CD4 count Date:
Corticosteroids (received equivalent of >15 mg/d prednisone for >1 mo)			Liver disease/hepatitis risk factors (HepB/C: IDU, or birth in Asia or Africa)		
Organ transplant			Autoimmune		
GI/gastrectomy or jejunioleal bypass			Arthritis/gout		Remicade/Humira?
Weight at least 10% less than ideal body weight			Mental illness/retardation		
Chronic malabsorption syndrome			Surgeries/hospitalizations		For this TB dx? # days:
Skin disease					
Hypertension/CVA		Blood Pressure____/____	Thyroid		
Heart disease			Contraception		LMP:
Chronic renal failure			Pregnancy		EDD:
Neurological/seizures			Postpartum/breast feeding		
Vision/hearing disorder			Other		
SOCIAL HISTORY	+/-	COMMENTS			
Tobacco use		Packs / day Years of use	Education: <input type="checkbox"/> Elem. Sch. <input type="checkbox"/> Jr. Hi. <input type="checkbox"/> Hi. Sch. <input type="checkbox"/> College <input type="checkbox"/> Preschool # Years of Educ. _____		
Alcohol		# alcoholic drinks per week	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Low income <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with others # _____ <input type="checkbox"/> Children in home – ages _____		
HIV/AIDS risk factors			Long-Term Care: <input type="checkbox"/> Nsg. Home <input type="checkbox"/> Hosp-based <input type="checkbox"/> Residential <input type="checkbox"/> Mental health res. <input type="checkbox"/> Alcohol/drug treatment <input type="checkbox"/> Other		
Drug abuse		<input type="checkbox"/> Non-injecting <input type="checkbox"/> Injecting Specify drug(s):	Incarceration within last 5 years: <input type="checkbox"/> Prison <input type="checkbox"/> Local jail <input type="checkbox"/> ICE <input type="checkbox"/> Juvenile correctional <input type="checkbox"/> Other corr. <input type="checkbox"/> Unknown. Aprox. dates: Inmate #:		
Foreign Born Visa Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Visitor <input type="checkbox"/> Work		Arrival Date: A #: TB Class: <input type="checkbox"/> A <input type="checkbox"/> B-1 <input type="checkbox"/> B-2	Occupation: <input type="checkbox"/> Health care <input type="checkbox"/> Corrections <input type="checkbox"/> Migrant/seasonal <input type="checkbox"/> Not employed in past 24 mo <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Retiree <input type="checkbox"/> Institutionalized <input type="checkbox"/> Unknown		
Extended foreign travel or residence		Country Length of stay	If Pediatric TB Case/Suspect (< 15 years old) Country of birth for primary guardian(s) Patient lived outside US for > 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, country		
Barriers to Compliance			Locating Info:		

TUBERCULOSIS HISTORY	+/-	COMMENTS
Live virus vaccine in last 6 wks		List:
History Of BCG		Date(s):
Prior TST		Date: Result (mm): Date: Result (mm):
Prior Chest X-Ray		Date: Result:
Prior Treatment of TB/LTBI		Date: Location: Length of Tx:
Family History of TB		Date: Relationship To Patient:
Contact to TB case		Date: Where? Source Case?
Contact to MDR-TB case		Date: Where? Source Case?

SIGNS & SYMPTOMS OF TB	+/-	DATE OF ONSET	COMMENTS
Cough (Persistent X3 Weeks)			
Weight Loss			Today's wt. _____ Est. wt. 3 mo. ago _____
Fever / Chills			Today's temperature _____
Shortness of Breath			
Chest Pain			
Fatigue			
Loss of Appetite			
Night Sweats			
Hemoptysis			
Hoarseness			
Swelling of Lymph Node(s)			
Other symptoms			

ADDITIONAL COMMENTS

Date

Case Manager Signature

History Review/Updates:

Date Reviewed	Signature

Interpreters:

Date	Signature

