Virginia Department of Health
Medication List

Name _____ **DOB** _____

Known Medication Allergies: (List) _____
_____

TB Medications:

Include all medications in TB treatment regimen. Re-write or use new form, as needed, for changes in dosage or frequency.

Medication/ Strength	Total Dose	Route	Frequency	Start Date	Stop Date	Prescriber
Isoniazid	mg		QD BIW TIW			LHD PMD:
Rifampin	mg		QD BIW TIW			LHD PMD:
Ethambutol	mg		QD BIW TIW			LHD PMD:
Pyrazinamide	mg		QD BIW TIW			LHD PMD:
Rifabutin	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
	mg		QD BIW TIW			LHD PMD:
Pyridoxine	mg		QD BIW TIW			LHD PMD:

Other Medications (include OTC and herbals)

List all additional medications including OTC medications and herbals that client is taking. Perform check of each medication for interactions with TB treatment. Initial and date completion of interaction check. Review medications list with client at each monthly assessment visit.

Medication	Dosage	Route	Frequency	Start Date	Stop Date	Prescriber/Source	Potential interaction with TB meds found Reviewer Initials
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No
							☐Yes ☐No

VDH:TB:Med List
6/2011

Printed Name	Initials