

**WebVision #**

**ICD9#**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race \_\_\_\_ Sex \_\_\_\_ Marital status \_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Country of Origin \_\_\_\_\_ Year of arrival \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Provider \_\_\_\_\_ Provider Phone \_\_\_\_\_  
 Reporting Source \_\_\_\_\_ Reporter Phone \_\_\_\_\_

**TB Symptoms** (Check all that apply. May skip section and complete Health History form if from patient interview)  
 \_\_\_\_\_ None  
 \_\_\_\_\_ Cough  $\geq$  3 weeks  
 \_\_\_\_\_ Productive? Y N Hemoptysis? Y N  
 \_\_\_\_\_ Fever, unexplained  
 \_\_\_\_\_ Unexplained weight loss  
 \_\_\_\_\_ Poor appetite  
 \_\_\_\_\_ Night Sweats  
 \_\_\_\_\_ Fatigue

Site: \_\_ Pulmonary \_\_ Extrapulmonary(specify) \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Initial blood work?  Yes  No Report:  Yes  No  
 LMP \_\_\_\_\_ EDD \_\_\_\_\_ BCG  Yes  No

**HIV Testing**  
 \_\_\_ Not Tested  
 \_\_\_ Tested  
 \_\_\_ Negative  
 \_\_\_ Positive  
 \_\_\_ Results pending  
 Date \_\_\_\_\_

**TST/IGRA Result**  
 Date Given \_\_\_\_\_ Date Read \_\_\_\_\_  
 Induration \_\_\_\_\_ mm  Positive  Negative  
 \_\_\_ Borderline/Indeterminate (IGRA only)

**Current Chest x-ray** Date \_\_\_\_\_  
 Location of film: \_\_\_\_\_ Addl. Old Films: Y N  
 Negative  Abnormal  Cavitory  
 Describe: \_\_\_\_\_

**Other Info**  
 Hospitalized: Y N  
 Where? \_\_\_\_\_  
 Room # \_\_\_\_\_

**Additional Individual Risk for Infection**  
**(Check all that apply)**  
 \_\_\_\_\_ Identified Contact (Case \_\_\_\_\_)  
 \_\_\_\_\_  $\geq$  3 months in high prevalence country  
 \_\_\_\_\_ Resident/employee congregate setting  
 \_\_\_\_\_ Medically underserved  
 \_\_\_\_\_ Uses illegal drugs

**Initial Bacteriology (Check for susceptibility if lab not DCLS)**

Date	Smear	Culture	Sensitivity

**Individual Risk for Progression to Disease**  
 \_\_\_\_\_ HIV infection  
 \_\_\_\_\_ Medical conditions that increase risk (diabetes, ESRD, Cancer, 10% below ideal weight, etc.)  
 \_\_\_\_\_ History of inadequate TB treatment  
 \_\_\_\_\_ Immunosuppressive therapy (steroids, cancer treatment, include treatment for Rheumatoid Arthritis such as Remicade, Humira, etc.)

**Current Treatment Regimen**  DOT  Self

Drug	Dosage	Frequency	Start Date	Stop Date

**Additional Comments** (additional treatment information, work site, school, living arrangements, other activities)  
 Class B Immigrant/Refugee?  Yes A# \_\_\_\_\_  
  
 Date \_\_\_\_\_ Completed by \_\_\_\_\_

**Clinician Orders**  
 Isoniazid \_\_\_\_\_ mg P.O. Daily(7) Daily (5) BIW TIW x \_\_\_\_\_ doses  
 Rifampin \_\_\_\_\_ mg P.O. Daily(7) Daily (5) BIW TIW x \_\_\_\_\_ doses  
 Pyrazinamide \_\_\_\_\_ mg P.O. Daily(7) Daily (5) BIW TIW x \_\_\_\_\_ doses  
 Ethambutol \_\_\_\_\_ mg P.O. Daily(7) Daily (5) BIW TIW x \_\_\_\_\_ doses  
 Pyridoxine \_\_\_\_\_ mg P.O. Daily(7) Daily (5) BIW TIW x \_\_\_\_\_ doses  
 Meds by DOT  
 Sputum collection protocol  
 Blood work Specify: \_\_\_\_\_  
 Date \_\_\_\_\_

**Clinician Assessment/Progress Notes**  
  
 Clinician Signature \_\_\_\_\_

