Active TB Case Summary

Name _____
Address _____
_____
Phone _____ DOB _____

Report date/source _____
Site(s) of disease _____

Sex _____ Race _____ Hispanic or Latino Y | N TB Clinician _____

Country of origin _____ Date arrived _____ Language(s) _____ Interpreter Y | N

Guardian country of origin _____ ☐B0 ☐B1 ☐B2 ☐B3 Level of education _____

Occupation _____ Worksite/School name _____

Y	N	Intake TB Symptoms	
		Cough >3 weeks	
		Hemoptysis	
		Fever, unexplained	
		Weight loss, unexplained	
		Night sweats	
		Fatigue	
		Failure to thrive	Pediatrics (<6yrs)
		Wheezing	
		Decreased activity	
		Lymph node swelling	
		Personality change	
		Other:	
Past	**Pres**	**Social**	
		Contact to a case	
		Alcohol use	
		Tobacco use	
		IDU/other drug use	
		Homeless	
		Incarceration Location:	
		Congregate Setting Location:	

General Medical
List TB relevant co-morbidities

Other			
HIV test date*			
HIV result		☐ Pos. ☐ Neg.	
HgbA1c*		Date:	
Intake weight		pounds	
Usual weight		pounds	

Y	N	TB History
		Positive test for infection: ☐IGRA ☐TST _____mm | Date:
		Tx. for ☐LTBI ☐TB Where: _____ Dates: _____ Regimen: _____

Radiology		
CXR | CT	Date	Summary of findings

Initial Bacteriology				
Date	Source	Smear	NAAT	Resistance detected on NAAT
				Y | N Drug:
				Y | N Drug:
				Y | N Drug:

Summary Bacteriology			
1st sputum smear positive date*		☐NA	
Sputum smear conversion date			
Sputum culture MTC*	☐Positive ☐Negative		
Sputum culture conversion date*		**<60 days?***	Y | N
Other specimens:			
***Drug sensitivities**	Y | N	Resistance	Y | N Drug(s):

Treatment				
Start*	Stop	TB Medications	**Initial 4 drugs*** Y | N	TDM?

Tx plan length		***Date Completed**	
Contact investigation *	☐Yes ☐No	Date initiated	
# Identified*		**# Completed evaluation***	
# Previous positive contacts		# New positive contacts	
# Started LTBI Tx.*		**# Completed LTBI Tx.***	

*NTIP/VA Indicator