

Initial/Monthly TB Clinical Assessment
 Presumptive case/Confirmed case/TB Infection

Patient Label

Date											
Treatment Month	Initial										
Weight (initial then prn)											
Blood Pressure											
Pulse / Respirations	/	/	/	/	/	/	/	/	/	/	/
Temperature (initial then prn)											
Lung sounds CTA Y/N											
Lymph nodes palpable Y/N											
Assessment: If present, enter a plus sign (+) and write a progress note. If absent, enter a null symbol Ø.											
Cough/frequency											
Sputum amount/color											
Night sweats											
Fever											
Loss of appetite											
Weight loss											
Fatigue											
GI symptoms											
Nausea/Vomiting											
Dark urine											
Rash/Itching											
Jaundice											
Flu like symptoms											
Neuropathy											
Joint pain/Swelling											
Headache											
Vertigo/Fainting											
Mood changes											
Change in vision											
Hearing Loss/Tinnitus											
ETOH/Substance abuse											
LMP/FP method											
Tests											
Sputum	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given	Cans given
	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected
Vision screening	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done
Hearing screening	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done
Blood work	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done	NA Done
Adherence (DOT or other)											
# Missed doses											
PHN Initials											

Health History Completed Risk Assessment Completed* Medication List Completed

Completion of above forms verified by _____ (date and PHN initials)

*Risk Assessment may not be indicated for Active TB Cases Risk Assessment not completed – Active TB Case