

## Changes to the Monthly TB Clinical Assessment Form

The title of the form has been changed to reflect that it can be used for initial and ongoing monthly assessments.

<div style="border: 1px solid black; width: 90%; margin: 0 auto; padding: 10px;"> <p style="text-align: center;">Patient Label</p> </div>	<p style="text-align: center;"><b>Initial/Monthly TB Clinical Assessment</b> Presumptive case/Confirmed case/TB Infection</p>
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The formatting has changed slightly on the second part of the form.

- Enter the date, followed by the treatment month on the following line.
- Two rows have been added to document assessment findings at the initial visit.
  - Are the lungs clear to auscultation? Y/N
  - Are lymph nodes palpable? Y/N

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									

A few additions have been made to the bottom of the page.

- Boxes have been added to the bottom of the page to indicate whether or not the health history, risk assessment, and medication list have been completed.
- A line to write in the date and PHN initials has been added for verifying completion of the above forms.
- A box indicating no risk assessment was completed as been added. This should only be used for Active TB cases.

<input type="checkbox"/> Health History Completed <input type="checkbox"/> Risk Assessment Completed* <input type="checkbox"/> Medication List Completed
Completion of above forms verified by _____ (date and PHN initials)
*Risk Assessment may not be indicated for Active TB Cases <input type="checkbox"/> Risk Assessment not completed – Active TB Case