

Patient Label

Directly Observed Therapy (DOT) Log
12 Dose Isoniazid-Rifapentine

Medication	Strength	Dosage	# Tabs
Isoniazid			
Rifapentine			

Date												
Dose	1	2	3	4	5	6	7	8	9	10	11	12
DOT	<input type="checkbox"/>											
Video Enhanced Therapy (VET)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Clinical Assessment (documentation on separate form)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Side Effects: If present, enter a plus sign (+) and write a progress note. If absent, enter a null symbol ∅. (The event may have occurred in the past, after a previous dose.)												
Nausea/Vomiting/Diarrhea												
Abdominal Pain												
Headache/Dizziness												
Loss of Appetite												
Jaundice/Yellow Color												
Numbness/Tingling												
Rash/Hives												
Fatigue												
Muscle/Joint Pain												
Other (describe in progress note)												
Next Appointment												
Staff Initials												
Patient Initials												

Printed Staff Name	Staff Signature	Initials	Interpreter	Date