

Date:	Sex: 🗆 M 🗇 F	Hispanic: 🗖 No 🗇 Yes								
Patient Name:	Date of Birth:	Phone:								
Address:	City/State/Zip:	County:								
Race:       Image: White       Image: Black       Asian       Am. Indian/         Homeless in the Past Year:       Image: No       Image: Year       Yes         Country of Origin:       Image: USA       Image: Other       Image: Date										
MEDICAL INFORMATION:										
Tuberculin Skin Test Date:// Result:	:mm									
IGRA Test Date:/ Result:	:mm									
Chest X-Ray Date:// Comm	ents:									
🗇 Normal 🗇 Abnormal 🗇 Cavitary 🗇 Non-cavitary 🗇	Stable 🗇 Worsening 🗇 Im	proving								
CT Scan Date:// Comments:										
🗇 Normal 🗇 Abnormal 🗇 Cavitary 🗇 Non-cavitary 🗇 Stable 🗇 Worsening 🗇 Improving										
Diagnosis: 🗖 Latent TB Infection 🗖 Previous LTBI Tx (d	ate):/ 🗇	Other:								
Reason for Testing:  Contact  Medical  Populatio	n 🗇 No known risk factors									
		1								
LTBI TREATMENT:										
Treatment Start Date:///										
Regimen: 🛛 INH daily 6 months	INH and Rifapentine I	DOT 12 once weekly doses								
INH daily 9 months	ly 9 months 🛛 INH bi-weekly DOT 6 months									
Rifampin daily 4 months	INH bi-weekly DOT 9 months									
CLOSED:										
Date Closed:// Reason Closed:	ed:  Completed Treatment Client Stopped on C Active TB Diagnosed Lost to Follow-Up									
Therapy: DOT 🗖 Yes 🗖 No	🗖 Died	Provider Decision: Toxicity								
Both, Self and Observed	Moved: Transferred	Provider Decision: Other								
	Care to:	Specify:								
	🗖 Moved: Follow-Up Unkn	own								
Comments:										
Physician's Name:		Date://								



NAME: (last)	(first, M.I.)	DATE OF BIRTH:	LOCAL CASE NUMBER:

	MONTHLY MONITORING WHILE ON LTBI TREATMENT													
Drugs Issued:	Dose:	Date Issued:	Amount issued mg tabs/number per bottle:	Next Appointment:	Malaise	Anorexia	Nausea	Vomiting	Neuropathy	Dark Urine	Jaundice	Abdominal Pain		Signature:
<ul><li>INH</li><li>B6</li><li>Other:</li></ul>														
INH B6 Other:														
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