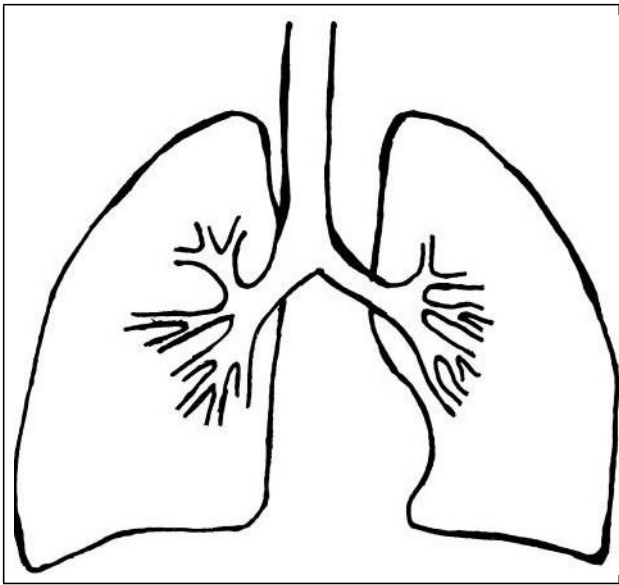


| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Last Name _____ First Name _____ MI _____ | N.C. Department of Health and Human Services Division of Public Health Epidemiology Section • TB Control <h2 style="margin: 0;">Tuberculosis Epidemiological Record</h2> |
| 2. Patient Number _____ | Patient phone: (H) _____ <input type="checkbox"/> No phone (W) _____ (C) _____ |
| 3. Date of Birth _____ Month _____ Day _____ Year _____ | |
| 4. Race <input type="checkbox"/> 1. American Indian/Alaska Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Unknown | Occupation(s): _____ |
| Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Alternate contact for patient: _____ |
| 5. Gender <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male | Alternate contact phone: _____ |
| 6. County of Residence _____ | Primary care MD: _____ <input type="checkbox"/> None |
| Country of birth <input type="checkbox"/> USA <input type="checkbox"/> Foreign-born (list) _____ Date of arrival in US: _____ | |
| Primary language: <input type="checkbox"/> English <input type="checkbox"/> Other _____ English proficiency (check all that apply): <input type="checkbox"/> Understands <input type="checkbox"/> Speaks <input type="checkbox"/> Reads | |
| Can patient read in primary language? <input type="checkbox"/> YES <input type="checkbox"/> NO Was an interpreter necessary for this interview? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for presenting to TB clinic: <input type="checkbox"/> Job/administrative screening <input type="checkbox"/> Contact investigation <input type="checkbox"/> Refugee/Class B <input type="checkbox"/> Outreach screening <input type="checkbox"/> Population risk for TB <input type="checkbox"/> Suspected active TB <input type="checkbox"/> Medical risk for TB <input type="checkbox"/> Confirmed active TB <input type="checkbox"/> Patient referred by a health care provider: <input type="checkbox"/> YES <input type="checkbox"/> NO | Allergies: _____ Medications: _____ Wt: _____ lbs / kg |
| (circle) TST / TSPOT / QFT: Testing site _____ Date placed _____ Date read _____ Result _____ mm / other (circle) TST / TSPOT / QFT: Testing site _____ Date placed _____ Date read _____ Result _____ mm / other Prior treatment for LTBI: <input type="checkbox"/> NO <input type="checkbox"/> YES (dates) _____ Prior treatment for active TB: <input type="checkbox"/> NO <input type="checkbox"/> YES (dates) _____ | |
| Contact to case? <input type="checkbox"/> YES <input type="checkbox"/> NO Year of contact: _____ | HIV status: <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered <input type="checkbox"/> Unknown |
| Source case name: _____ | On ART? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, was referral made? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Meds: _____ | |
| <u>MEDICAL HISTORY</u> | <u>ADDRESS EACH RISK FACTOR BELOW</u> |
| Average daily alcohol use (circle): None <1 drink 1-2 drinks 3 or more drinks Binge (5 or more drinks in 1 day, not every day) <i>(1 drink=12 oz beer=4 oz wine=1 shot liquor)</i> | <u>Presumptive treatment / window prophylaxis (TST 0 mm)</u> Y N HIV positive and contact to TB Y N Child <5 yrs and contact to TB (window prophylaxis) |
| Tobacco (circle): Never Former Current | <u>TST positive at 5 mm</u> Y N HIV positive Y N Transplant recipient Y N Immunosuppressed (TNF- α inhibitors, \geq 15 mg prednisone/day) Y N Close contact to TB |
| Y N Uses illegal drug besides cocaine/heroin Drug name(s): _____ | <u>TST positive at 10 mm</u> Y N Immigrant from high-incidence country Y N IV drug use (circle drug): Cocaine Heroin Other |
| Y N Pregnant LMP ____/____/____ Y N Using birth control (type) _____ Y N Currently breastfeeding Y N Chronic obstructive pulmonary disease Y N Other lung disease (name) _____ | Y N Crack cocaine use Y N Silicosis Y N Diabetes mellitus If yes, recent HgA1C result: _____ Y N Underweight Height: _____ in / cm BMI: _____ |
| Y N Chronic hepatitis B Y N Hepatitis C Y N Other liver disease (name) _____ | Y N End-stage renal disease (on dialysis) Y N Cancer of head & neck / lung cancer / lymphoma / leukemia Y N Gastrectomy / jejunal bypass Y N Jail/prison: Resident Employee |
| Y N Foreign travel to endemic area (place/date) _____ | Y N Incarceration history: _____ Y N Homeless shelter: Resident Employee Shelter history: _____ Y N Healthcare worker Y N Long-term care facility: Resident Employee Y N Child <4 years old Y N Child exposed to high-risk adult |
| <u>TB SYMPTOMS</u> | Nurse: _____ |
| Y N Cough Cough onset: _____ Cough productive: Y N | Signature: _____ |
| Y N Hemoptysis Y N Fever Y N Night sweats Y N Chest pain Y N Shortness of breath Y N Poor appetite Y N Weight loss (amount _____) Y N Swollen glands in neck Y N Cervical lymphadenopathy on nurse exam | Date: _____ |



Film # _____ Location where taken: _____

CHEST RADIOGRAPH Date: ___/___/____ Check if end of treatment CXR

Result:

- Normal
- Abnormal
- Atelectasis Nodules
- Cavity Pleural effusion
- Granuloma Pleural thickening
- Infiltrate Scarring
- Mediastinal lymphadenopathy

Comments on CXR:

Physician notes and examination:

Prior Chest radiograph date: ___/___/____

Comparison:

- Improved
- No change
- Worse

CURRENT STATUS:

- No further TB f/u needed
- Evaluation in progress
- Latent TB
- Suspected active TB
- Confirmed active TB

ORDERS:

ALL PATIENTS ARE TO BE MONITORED PER NC STATE AND COUNTY TB POLICIES.

- Sputum x 3 for AFB, then x 2 q 2 weeks
- Draw liver function tests monthly
- Respiratory isolation
- Close to TB follow up

- Treat for latent TB infection:
 - Isoniazid _____mg po x 9 months
 - Daily, self-administered
 - Twice-weekly, directly observed
 - Rifampin _____mg po x 4 months daily
 - Self-administered
 - Directly observed
 - Isoniazid _____mg + Rifapentine _____mg po once-weekly x 12 weeks, directly observed

- Treat for active TB:
 - Isoniazid _____ mg po daily for 8 weeks
 - Rifampin _____ mg po daily for 8 weeks
 - Pyrazinamide _____ mg po daily for 8 weeks
 - Ethambutol _____ mg po daily for 8 weeks
 - Other _____ mg po daily for 8 weeks
 - B6 _____ mg po daily for 8 weeks

Followed by:

- Isoniazid _____ mg po daily thrice weekly for _____ weeks
- Rifampin _____ mg po daily thrice weekly for _____ weeks
- Other _____ mg po daily for _____ weeks
- Other _____ mg po daily for _____ weeks
- B6 _____ mg po daily thrice weekly for _____ weeks

Physician signature _____ Date _____