

Name: _____

Date of Birth: _____

Patient's Wt. _____ lbs. _____ kg. Drug Allergies: ___ No ___ Yes _____

Current Medications: _____

Discussed TB FACTS: ___ Yes ___ No Discussed medication's potential side effects or adverse effects ___ Yes ___ No

Drug Precautions/Contraindications: ___ None ___ Alcohol or drug abuse in past year ___ Currently on medication that may cause an interaction
 ___ History of Chronic Liver Disease ___ At risk for peripheral neuropathy
 ___ Pregnant or breast feeding ___ History of adv. reaction to TB medications

Birth Control (Females only) ___ No ___ Yes (Method) _____

Medications have been prescribed by: _____
 _____ (Physician's Name) _____ (Telephone Number)

Physician monitoring progress of client: _____
 _____ (Physician's Name) _____ (Telephone Number)

MEDICATIONS PRESCRIBED FOR LTBI: ___ 6 months ___ 9 months ___ 12 months ___ No meds prescribed (detail in notes)

Date Started: _____ / _____ / _____ Month Day Year	Date Ended: _____ / _____ / _____ Month Day Year	End of Therapy Reason _____
INH dosage: _____ Mg	B6 dosage: _____ Mg	___ Daily ___ Twice Weekly ___ Thrice Weekly

Notes: _____

Patients on therapy for Latent TB Infection (LTBI) should be monitored monthly for adverse reactions. Under no circumstances should more than one month of medicine be dispensed to the patient. (Complete additional form: Guidelines for Monitoring Patients on INH)

MEDICATIONS PRESCRIBED FOR SUSPECT OR ACTIVE TB DISEASE:

Date Started: _____ / _____ / _____			Date Started: _____ / _____ / _____			Date Started: _____ / _____ / _____		
Drug	Dosage*	Frequency**	Drug	Dosage*	Frequency**	Drug	Dosage*	Frequency**
Isoniazid			Isoniazid			Isoniazid		
Rifampin			Rifampin			Rifampin		
Pyrazinamide			Pyrazinamide			Pyrazinamide		
Ethambutol			Ethambutol			Ethambutol		
Vitamin B6			Vitamin B6			Vitamin B6		
Date Ended: _____ / _____ / _____			Date Ended: _____ / _____ / _____			Date Ended: _____ / _____ / _____		

Notes: _____

*Total dosage in milligrams **Frequency of medication dosages (daily, twice weekly, thrice weekly) (Document doses given on a Medication Administration Record)
Patients on therapy for TB disease should be monitored daily for adverse reactions and medications are given by directly observed therapy (DOT).

Location of Direct Observed Therapy ___ Health Department ___ Client's home ___ Other _____

Name of person(s) providing DOT _____

This form completed by: _____ Phone: _____
 (Print clearly)

Agency: _____ Today's Date: _____

Send Form to:
 Kansas Department of Health and Environment
 Tuberculosis Control Program
 1000 SW Jackson, Ste. 210
 Topeka, KS 66612-1274

Contact Information:
 Phone: 785-296-5589
 Fax: 785-291-3732