Directly Observed Therapy (DOT) Calendar

STOP TB DRUGS and contact your local CHAP or PHN if your client has any of the problems listed below:

___Decrease in appetite
___Jaundice (yellow skin or eyes)
___Nausea or upset stomach
___Stomach Pain
___Vomiting
___Fever
___Dark Urine
___Rash or Itching
___Fatigue (very tired)
___Tingling or burning in hands or feet
___Visual changes

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial
Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial
Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial
Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial
Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial	Meds Given ☐ _____ _____ _____ Initial

Medications, Dosage & Schedule _____
_____
_____
_____
_____
_____

Note: The AK TB Program will only reimburse DOT aides for up to 5 doses per week unless pre-approved.

Patient Name_____

HR #_____

Village_____

DOT Aide_____

Month_____

Rev 7/15