TB Case Management Form

Client Name:_____ **Village:**_____**Phone:**_____
Sex: ☐ **M** ☐ **F** **DOB:**____/_____/_____ **Type of TB:** ☐ **Pulm** ☐ **Extra-Pulm** _____
Race: ☐ **AKN/AI** ☐ **Asian** ☐ **Black** ☐ **White** ☐ **HI/PI** **Previous Dx of TB:** ☐**Yes** ☐ **No Year**_____
Ethnicity: ☐ **Hispanic** ☐ **Non-Hispanic** **Previous Rx for LTBI:** ☐ **Yes** ☐ **No Year**_____
Health Care Provider_____ **Birth Country**_____**# of yrs in US**_____
Provider Phone #:_____ **Occupation:**_____ ☐ **Alive** ☐ **Dead at DX?**

TST (at TB diagnosis): Date____/____/____ Result____mm ☐Positive ☐ Negative ☐ Not done ☐ Unknown
Previous TST: Date____/____/____ Result____mm **IGRA** Date____/____/____ Result ☐Pos ☐ Neg ☐ Equiv

Symptoms: ☐Asymptomatic
☐ Cough ☐Productive cough ☐ Sweats ☐ Weight Loss ☐ Fatigue
☐ Chest Pain ☐Other_____
Reason Evaluated for TB: ☐ SX ☐ abn. CXR ☐ CI ☐ targeted testing ☐ HCW ☐ Job ☐ Immigration ☐ Inc. lab result☐ other

Chest x-ray: Date____/____/____ ☐Normal ☐ Abnormal ☐ Not done ☐ Unknown
Findings_____☐ Cavitary ☐ Non-cav / consistent with TB ☐ Miliary TB
CT/Chest Imaging: Date____/____/____ ☐Normal ☐ Abnormal ☐ Not done ☐ Unknown
Findings_____☐ Cavitary ☐ Non-cav / consistent with TB ☐ Miliary TB

Sputum Results: ☐ Not collected ☐ Unknown **Sputum Conversion?** ☐Yes ☐ N ☐

Initial Sputum Results					**Conversion Sputum Results**		
Date	Smear (0 - 4+)	TB NAAT		Culture (0 - 4+)	Date	Smear (0 - 4+)	Culture (0 - 4+)
		GeneXpert	ASPHL PCR				
1.					1.		
2.					2.		
3.					3.		

Other specimen AFB smear and culture results: ☐ Not done ☐ Unknown

Date	Specimen Site	Micro Exam (Pos, Neg, Not done, Unk)	Culture (Pos, Neg, Not done, Unk
1.			
2.			

Therapy: ☐ None ☐ Why?_____TX extended >12 mos for ☐ RIF R ☐Adv RXN ☐ Non-adh ☐ Failure ☐ Other_____

Medication	Start Date	Stop Date	Start Date	Stop Date	Medication	Start Date	Stop Date	Start Date	Stop Date
INH									
Rifampin									
EMB									
PZA									

Drug susceptibility: (S=sensitive, R=resistant, N=not done, U=unknown)
Coll. date: ____/____/____ Report date:____/____/____ INH____ RIF____ PZA____ EMB____ STREP____
Coll. date: ____/____/____ Report date:____/____/____ ( )____ ( )____ ( )____ ( )____ ( )____

Homeless: ☐ Yes ☐ No ☐ Unk
Corrections resident ☐ Yes ☐ No ☐ Unk
Longterm care resident: ☐ Yes ☐ No ☐ Unk
Injecting drug use: ☐ Yes ☐ No ☐ Unk
Non-injecting drug use: ☐ Yes ☐ No ☐ Unk
Excess alcohol use ☐ Yes ☐ No ☐ Unk
Diabetes ☐ Yes ☐ No ☐ Unk
Drug Administration: ☐DOT ☐ DOT/self ☐ Self ☐

HIV testing: Date___/___/___☐ Neg ☐ Pos ☐ Indeterminate
☐ Refused ☐ Not offered
Smokes: ☐ Yes ☐ No _____ Amount: _____
Contact Investigation Forms
Initial ☐ Yes ☐No ☐ Unk
Final ☐ Yes ☐No ☐ Unk

Extra - Pulmonary Not Done
Expected end of TX:_____

DOT Calendars: (X=in chart) J F M A M J J A S O N D J F M A M J

EPI Case Manager_____ **PHN Case Manager**_____
Date of treatment completion:___/___/___ **Date case closed**___/___/___ **Initials**_____