



# TB CASE INITIAL ASSESSMENT/EDUCATION

343-NonDOH March 2011

Clark and Skamania Counties

US Born   
  Foreign born: Refugee   
  Immigrant   
  B1   
  B2   
  OTHER: \_\_\_\_\_

Current PPD \_\_\_\_\_ Result \_\_\_\_\_ mm      Previous PPD \_\_\_\_\_ Result \_\_\_\_\_ mm

Current TB meds     No     Yes    Start Date \_\_\_\_\_    Meds \_\_\_\_\_

Prior TB meds     No     Yes    Dates \_\_\_\_\_    Meds \_\_\_\_\_

Known TB exposure     No     Yes    Date \_\_\_\_\_    Exposure: \_\_\_\_\_

Country of Origin \_\_\_\_\_    DOE \_\_\_\_\_    Language \_\_\_\_\_

Drug Allergies?     No     Yes: \_\_\_\_\_

Regular use of medications? (Prescribed and OTC) \_\_\_\_\_

Medication interactions checked

Provider seen in last year?     No     Yes, Reason? \_\_\_\_\_

Primary Care Physician?     No     Yes, Name \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL HISTORY				
N	Y	U	Symptoms	
			Cough	
			Sputa	
			Hemoptysis	
			Chest pain	
			Fever	
			Night sweats	
			Anorexia	
			Weight Loss	
			Fatigue	
			Other TB Exposure	
			Pain	
<b>Has the client ever had care for:</b>				
			Diabetes	
			Liver problems	
			Numbness/Tingling	
			Heart/Lung problems	
			Kidney problems	
			Seizures	
			Joint problems/ Gout	
			Acne or hives	
			Stomach problems	
			Emotional/Mental	
			Hearing/Vision	
			Wear glasses/contacts	
			HIV      Date of test: _____	
N	Y	U	Substance Use	Amount/duration
			Tobacco	
			Alcohol	
			Use of street drugs	
			Prior alcohol or drug	
<b>For Women Only</b>				
			Pregnant?	
			LMP	BCM

EVALUATION
Ht _____ Weight: _____ lbs. _____ Kgs.
Temp _____
Current CXR
<input type="checkbox"/> CXR Ordered-PA/Lat or _____
<input type="checkbox"/> Sputa x3 ordered _____
<input type="checkbox"/> Baseline SMAC, CBC
<input type="checkbox"/> HIV <input type="checkbox"/> HIV pndg <input type="checkbox"/> HIV Refused
<input type="checkbox"/> Initial Snellen    Rt _____    Lt _____
<input type="checkbox"/> Initial Ishihara _____
<b>Medication Start Date</b> _____
INH _____ mg _____ mg
RIF _____ mg _____ mg
EMB _____ mg _____ mg
PZA _____ mg
B6 _____ mg
<b>NOTES:</b>

DOB \_\_\_\_\_ MRN \_\_\_\_\_

NAME \_\_\_\_\_

