



**SNOHOMISH
HEALTH
DISTRICT**



343-NonDOH March 2011

Tuberculosis Control

3020 Rucker Avenue, Suite 200
Everett, WA 98201-3900
http://www.snohd.org
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Healthy Lifestyles, Healthy Communities

Tuberculosis Control Referral Form

Name of the Patient: _____ Date of Referral: _____
Last First MI

Address: _____ Phone #: _____

DOB: _____ Sex: M ___ F ___ Does the patient speak English? Y ___ N ___
If no, what language? _____

Referral Information

Referred by: _____

Telephone: _____ Fax: _____

Reason for Referral **Suspect active TB _____ Newly diagnosed latent TB _____ Contact _____

**** If you strongly suspect this is an active case of tuberculosis, call our office immediately to report, as required by law.**

Clinical Data

1. Client Symptoms (check all that apply):

- None _____
- Cough _____ (For over 3 weeks)
- Weight loss _____ Number of pounds _____ Over what period of time _____
- Fever _____
- Night Sweats _____
- Hemoptysis _____
- Other _____

2. Tuberculosis Skin Test (TST)

Date Last TST placed: _____ Date Last TST Read: _____ Result: _____ mm
Date of prior TST: _____ Results: _____ mm

Based on the accompanying chart for interpreting TST, is this skin test positive? Yes ___ No ___

3. CXR

Date of Most recent CXR _____ Location of film: _____

Findings: _____

4. Sputum Evaluation

Date Collected _____ Findings _____ Name of Lab _____

The Snohomish Health District Tuberculosis Control Program is open Monday through Friday 8-5. **We only provide services to residents of Snohomish County. We provide preventive treatment for recent contacts to active disease and those individuals with newly diagnosed latent tuberculosis infections who plan to remain in Snohomish County. We also treat patients who are sick with active tuberculosis. 2010.**