

# TBNet Patient History and Brief Medical Information Form

Date\_\_\_\_\_

Patient Name:\_\_\_\_\_ Birthdate\_\_\_\_\_

Type of Case: TB\_\_\_\_\_ LTBI\_\_\_\_\_ Contact\_\_\_\_\_ Diagnosis pending\_\_\_\_\_

Date of PPD\_\_\_\_\_ Induration\_\_\_\_\_mm

Date of Chest x-ray\_\_\_\_\_ Result\_\_\_\_\_

Dates of Cultures\_\_\_\_\_ Result\_\_\_\_\_

Dates of Smears\_\_\_\_\_ Result\_\_\_\_\_

Drug Resistance? NO\_\_\_ YES\_\_\_ If YES, what drug(s)?\_\_\_\_\_

Date Treatment Started:\_\_\_\_\_ Prescribed for \_\_\_\_\_ months

TB Meds Prescribed:

Date Treatment Ended:\_\_\_\_\_ Completed \_\_\_\_\_ months (or doses)

## Associated Conditions:

Diabetes\_\_\_\_\_ HIV/AIDS \_\_\_\_\_ Hepatitis B/C\_\_\_\_\_

Alcoholism\_\_\_\_\_ Substance Abuse\_\_\_\_\_ Pregnant or breast-feeding\_\_\_\_\_

Other (specify)\_\_\_\_\_

## Additional Information:

Please fax copies of chest x-ray and all lab reports. If your health department or clinic has a form, which contains the above information, you may fax that instead of this form.

**Fax (512) 327-6140**