

LTBI MONTHLY PATIENT ASSESSMENT
(LATENT TB INFECTION)

Name: _____ DOB: _____ Date of Visit: _____ Interpreter: _____
 Location of visit: Home ___ Office ___ Other _____

Other Medical Conditions

None
 Asthma _____ Cancer _____
 COPD _____ Diabetes _____
 ESRD _____ GI _____
 Hep C / Hep B _____ HTN _____
 Liver _____ Pregnant _____
Other: _____

Tobacco use _____ Y / N
 Cessation Counseling _____ Y / N

DOT/Adherence

Medications / Changes

Anti-coagulants _____
 Anti-hypertensives _____
 HIV meds _____
 Immunosuppressive _____
 Insulin _____
 Oral Hypo-glycemics _____
 Other: _____

Assessment

Weight: _____ B/P: _____

 Pulse Oximetry : _____ % LMP: _____

 Other: _____
Chest X-ray: date _____

Lab work drawn:

INH/RIF baseline/monthly liver function tests as indicated
 AST _____
 ALT _____
 Serum Bilirubin _____

RIF – baseline/monthly CBC and platelets as indicated
 CBC _____
 Platelets _____
 Other _____

Reactions to Meds

Hepatotoxicity - INH, RIF
 Icterus _____ Y / N
 Fever _____ Y / N
 Nausea _____ Y / N
 Light stools _____ Y / N
 Vomiting _____ Y / N
 Dark urine _____ Y / N
 Abd. _____ Y / N

Hypersensitivity - INH, RIF
 Rash _____ Y / N
 Arthralgia _____ Y / N

Non specific - INH, RIF
 Headache _____ Y / N
 Malaise _____ Y / N
 Fatigue _____ Y / N
 Anorexia _____ Y / N

Neurotoxicity - INH
 Paresthesia _____ Y / N
 Dizziness _____ Y / N

Hemolytic - RIF
 Bruising increase _____ Y / N
 Bleeding gums _____ Y / N
 Hematuria _____ Y / N
 Hematochezia _____ Y / N

Psychosocial

Alcohol / Drug use _____
 Behavioral / Mental Health _____
 Homeless _____
 Language barrier _____
 Cultural barrier _____
 Limited cognitive skills _____
 Transportation _____
 Long work hours _____
 No insurance _____
 Inadequate food/income _____

Education

DX, Infection Vs. Disease _____
 Meds: Resistance/Side Effects _____
 General health care _____
 HIV/AIDS information
 Counseling & testing _____
 TB & HIV _____
 Diagnostic Procedures _____
 Community Resources _____

Referrals

Nurses' Comments:

PHN Signature: _____

Date: _____