MONTHLY TB PATIENT ASSESSMENT
Active TB Disease

Name: _____ **DOB:** _____ **Date of Visit:** _____ **Interpreter:** _____
Location of visit: Home___ Office ___ Other _____
Case conference last done on: _____
Type of TB: Pulm. TB Y / N **Date Of Last CXR:** _____
Extra-pulm. TB Y / N Site:_____ **Improved:** _____
Currently infectious Y / N **Stable:** _____ **Worse:** _____

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
Coumadin
HIV meds
Immunosuppressive
Insulin
Oral Hypo-glycemics
Other: _____

Assessment

Weight:_____ B/P: _____
Pulse Oximetry :_____% LMP: _____
AFB:
Sputum ____ Urine ____ Other _____
Last date submitted: _____
Due:_____
Containers given for (date):_____

Lab work drawn:

INH/RIF/EMB/PZA baseline/monthly liver function tests as indicated
AST _____
ALT _____
Serum bilirubin _____

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

PZA baseline/monthly uric acid as indicated
Uric acid _____

EMB baseline/monthly vision screenings
Vision check:
Distance: Rt._____ L._____ Both: _____
Color vision all plates seen: Y / N
Problems:_____ Glasses: Y / N
Hearing screening: Y / N Results:_____
Balance: WNL ABN

Reactions to Meds

Hepatotoxicity-INH, RIF, EMB, PZA
Jaundice 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, EMB, PZA
Rash Y / N
Arthralgia Y / N

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

Neurotoxicity - INH, EMB
Paresthesia Y / N
Dizziness Y / N
Visual changes Y / N
Distance 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_____
Transmission/Prevention_____
Meds: Resistance/Side Effects_____
General health care_____
HIV/AIDS information
Counseling & testing_____
TB & HIV_____
Diagnostic Procedures_____
Community Resources_____
Other:_____

Referrals:

_____
_____
_____
_____

Nurses' Comments:

_____
_____
_____

Re-interviewed for more **contacts** Y / N Comments:_____
PHN Signature:_____ Date:_____