

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

Extra-pulm. TB Y / N Site: _____

Currently infectious Y / N

Date Of Last CXR: _____

Improved: _____

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: _____