MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

TUBERCULOSIS HISTORY

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CLIENT'S NAME	AGE	DATE OF BIRTH	SEX ☐ M ☐ F

TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT NURSE

TB HISTORY COMPLETED BY DATE	ISOLATION DATE ☐ YES ☐ NO		COUNTY

TB TREATMENT	HIV TEST	TEST DATE	RESULT
☐ PULMONARY ☐ EXTRAPULMONARY _____ (SITE)	☐ YES ☐ NO		☐ NEGATIVE ☐ POSITIVE

BACTERIOLOGY	CXR
☐ SMEAR ☐ CULTURE ☐ NAA	☐ NORMAL ☐ ABNORMAL ☐ CAVITARY ☐ NONCAVITARY ☐ NOT DONE

INITIAL DRUG REGIMEN: START DATE: TREATMENT PLAN (MONTHS) _____ WEIGHT (LBS)_____

☐ INH (dosage) _____ ☐ RIFAMPIN (dosage) _____ ☐ EMB (dosage) _____ ☐ PZA (dosage) _____

☐ OTHER_____ FREQUENCY: ☐ DAILY ☐ TWICE WEEKLY ☐ THRICE WEEKLY

CONTINUATION PHASE DRUG REGIMEN: START DATE: FREQUENCY: ☐ DAILY ☐ TWICE WEEKLY ☐ THRICE WEEKLY

☐ INH (dosage) _____ ☐ RIFAMPIN (dosage) _____ ☐ OTHER _____

REPORTED ALLERGIES	LIST ADDITIONAL MEDICATIONS PATIENT CURRENTLY TAKING

MEDICAL RISK/SOCIAL FACTORS (CHECK APPROPRIATE ANSWER TO ALL QUESTIONS)

☐ Y ☐ N ☐ U	Contact to case _____	☐ Y ☐ N ☐ U	Abnormal CXR/suggestive of old healed TB
☐ Y ☐ N ☐ U	Prior TB - inadequate treatment	☐ Y ☐ N ☐ U	PPD Convertor (within last 2 years)
☐ Y ☐ N ☐ U	Foreign born - Country _____	☐ Y ☐ N ☐ U	Alcohol abuse
☐ Y ☐ N ☐ U	Drug abuse	☐ Y ☐ N ☐ U	Smoking/Vaping
☐ Y ☐ N ☐ U	History of incarceration Date_____	☐ Y ☐ N ☐ U	Homeless
☐ Y ☐ N ☐ U	High risk employment _____	☐ Y ☐ N ☐ U	Crohn's disease
☐ Y ☐ N ☐ U	< 10% below ideal body weight	☐ Y ☐ N ☐ U	Diabetes
☐ Y ☐ N ☐ U	Gastrectomy/intestinal bypass	☐ Y ☐ N ☐ U	Resident/long term care
☐ Y ☐ N ☐ U	Rheumatoid arthritis	☐ Y ☐ N ☐ U	Dialysis/Renal Failure
☐ Y ☐ N ☐ U	Cancer	☐ Y ☐ N ☐ U	Silicosis
☐ Y ☐ N ☐ U	Steroid therapy	☐ Y ☐ N ☐ U	Organ Transplant
		☐ Y ☐ N ☐ U	Other_____

☐ Y ☐ N ☐ U Military/Missionary Overseas Where: _____ Date:_____

DATE OF ONSET OF COUGH ☐ HEMOPTYSIS ☐ NIGHT SWEATS ☐ FEVER ☐ WEIGHT LOSS

☐ CHEST PAIN ☐ ENLARGED LYMPH NODES ☐ OTHER _____

DATE OF DIAGNOSIS	DELAYS IN DIAGNOSIS	PPD/IGRA DONE AT DIAGNOSIS	PPD RESULTS DATE	IGRA RESULTS DATE
	☐ YES ☐ NO REASON _____	☐ YES ☐ NO	_____ MM	☐ POS. ☐ NEG.

PREVIOUS PPD RESULTS DATE	PREVIOUS IGRA RESULTS DATE	LTBI TREATMENT RECEIVED DATE
☐ YES ☐ NO _____ MM	☐ YES ☐ NO ☐ POS. ☐ NEG.	☐ YES ☐ NO

LTBI MEDICATIONS TAKEN:_____

MISSED OPPORTUNITY FOR PREVENTING TB

☐ Preventable: TB Risk factor, no PPD ☐ Preventable: LTBI, No treatment (Excluding documented refusal)
☐ Preventable: LTBI incomplete treatment
☐ Preventable: Contact to case, not identified prior to diagnosis of TB
☐ Preventable: Secondary case to preventable case
☐ Not Preventable: Appropriate testing &/or treatment prior to diagnosis of TB
☐ Not Preventable: Foreign born, TB identified on entry into US
☐ Not Preventable: Recent entry to US, no exam abroad or in US prior to diagnosis of TB

MISSED OPPORTUNITY FOR PREVENTING TB DEATH

Was TB cause of death: ☐ YES ☐ NO
Was TB a contributing factor to death: ☐ YES ☐ NO
Was TB treatment cause of death ☐ YES ☐ NO
Was TB treatment a contributing factor ☐ YES ☐ NO