

Tuberculosis (TB) Reporting and Referral Form

Section A: Client Demographics

Name: _____ D.O.B.: _____ Male Female Other
 Address: _____ HCN: _____
 Home phone: _____ Cell phone: _____ Email: _____
 Language spoken: _____ Country of Birth: _____ Date of Arrival: _____

Section B: TB History and Screening

TB History: No known TB treatment or exposure BCG Vaccine. Age at time of vaccination _____
 Previously treated for TB (Dates: _____) Known TB Exposure Specify: _____

Reason for TB Screening:

Travel Lived in endemic area Work/School/Volunteer/Daycare Symptoms
 Medical Reasons (refer to Section C) Other: _____

Testing:

TB Skin Test Step 1: Date placed (yy/mm/dd) _____ Date read (yy/mm/dd) _____ Results: _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Step 2 (if applicable): Date placed (yy/mm/dd) _____ Date read (yy/mm/dd) _____ Results: _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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IGRA (report attached): Positive Negative Date: _____
 Recent Chest x-ray (report attached): Date: _____ Result: _____
 Sputum x3 collected for AFB and Culture: Date(s): _____ Results: _____

Section C: Clinical Information

Symptoms: Asymptomatic Symptomatic Specify: _____

Note: if suspicious for active TB, instruct client to isolate, collect 3 sputum samples and consult on-call respirologist

Medical risk factors:

None HIV Diabetes Renal disease Immunosuppressive therapy/disease Cancer Other

Section D: Clinical Plan

Health teaching provided about signs/symptoms of active TB and when to seek health care
 TB Preventive Treatment (TPT) not recommended. Reason: _____
 TB Preventive Treatment (TPT) declined by client
 TB Preventive Treatment (TPT) ordered (**TPT orderset, baseline CBC, LFTs and serologies and lab requisition must accompany this form**) Note: TPT orderset available on the Public Health website (link on next page)
 Refer to TB Clinic for respirologist assessment. Client aware of referral: Yes No
 Referred to another health care provider. Specify: _____

Section E: Health Care Provider (HCP) Information

HCP Name: _____ Billing #: _____ Date: _____
 Phone: _____ Fax: _____ Signature: _____

Please fax completed form to 519-883-2248

Document Number: 5173577

Notice Of Collection Tuberculosis Control Client Files

Personal information on this form is collected under the authority of the Health Protection and Promotion Act (H.P.P.A) and will be used to maintain a cumulative record in written form for assessment, case management and referral. Questions regarding this collection should be forwarded to the Medical Officer of Health, P.O. Box 1633, 99 Regina Street South, Waterloo, ON, N2J 4V3, 519-575-4400. 5173577

Partner Organizations with agreements with Public Health for TPT management:

Partner Organization Name: _____

LTBI Treatment Start Date: _____

Regime prescribed with dose:

- Rifampin _____ mg po daily x 4 months
- Isoniazid _____ mg with Pyridoxine _____ mg po daily x 9 months

Please Note:

1. All sections of this form must be completed
2. Please refer to www.TSTin4D.com for assistance with interpreting TB skin test results and potential lifetime risk for developing active TB
3. Criteria for TB Clinic Referral:
 - a. History of previously treated TB or positive TST/IGRA
 - b. Recent CXR (no more than 6 months old)
 - c. Client is asymptomatic. Symptomatic clients where active TB has not been ruled out should be instructed to isolate and to collect 3 sputum samples for AFB and culture. Health care providers can also consult with an on-call respirologist at WRHN@Queens
4. TB Clinic Respirologists are unable to see all uncomplicated clients with latent TB infection. Health care providers are encouraged to consider ordering TB Preventive Treatment (TPT). What is required:
 - a. TPT orderset (can be requested through the Public Health website: <https://rebrand.ly/RequestAForm>)
 - b. Baseline bloodwork as per Canadian TB Standards 8th edition (2022) <https://rebrand.ly/CanTBStandards>
 - c. Lab requisition for bloodwork monitoring during treatment as per Canadian TB Standards 8th edition (2022)
 - d. Health care provider will review bloodwork and follow-up with patient during treatment as needed
5. All medications for the treatment of latent TB infection are supplied FREE of charge by Public Health

For further information, please contact: 519-575-4400, extension 5281

Please fax completed form and required reports/documentation to 519-883-2248