***[Replace this text with your organization's identifier]***

Patient Last Name:

RVCT #:

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| TB Index Patient Summary to Determine Infectiousness |

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| **Case Information** |
| **Name:** First Middle Last  **Address:** Street City  County State Zip code \_\_\_\_\_\_\_\_\_\_ Cell phone**:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Language:** ❑ English ❑Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Interpreter needed  **Medical Provider:** Name Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Fax ( ) \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Demographics** |

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| **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age:**  **Country of Birth:** ❑ United States ❑ Outside of U.S.  **Gender:** ❑ Male ❑ Male-to-Female Transgender If not U.S., which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Female ❑ Female-to-Male Transgender Date of arrival in U.S.: \_\_\_/\_\_\_/\_\_\_ ❑ Other ❑ Unknown  **Ethnicity:** ❑ Hispanic or Latino ❑ Not Hispanic or Latino ❑ Unknown  **Race:** ❑ American Indian or Alaska Native ❑ Black or African American ❑ Asian: Specify\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Native Hawaiian or Other Pacific Islander: Specify\_\_\_\_\_\_\_\_\_\_\_\_ ❑ White ❑ Other ❑ Unknown |

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| **Clinical Information** | |
| **Date of Diagnosis:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **Site of Disease:**  **TST Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **IGRA Date:** \_\_\_\_/\_\_\_/\_\_\_\_  ❑ Positive (mm) ❑ Positive  ❑ Negative (mm) ❑ Negative  ❑ Pending ❑ Indeterminate  ❑ Not read ❑ Not done  ❑ Not done  Chest X-ray: Chest X-ray Date:  ❑ Normal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  ❑ Cavitary  ❑ Non-cavitary: consistent w/TB  ❑ Non-cavitary: NOT consistent w/TB  ❑ Pending  ❑ Not done  ❑ Unknown  **Sputum Smear:**  **Collection Collection Collection**  **Date Date Date**  \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  ❑ Positive ❑ Positive ❑ Positive  ❑ Negative ❑ Negative ❑ Negative  ❑ Pending ❑ Pending ❑ Pending  ❑ Not done ❑ Not done ❑ Not done  ❑ Unknown ❑ Unknown ❑ Unknown  **NAAT/Rapid Test**  ❑ Positive ❑ Negative ❑ Pending  ❑ Not done ❑ Unknown | **Sputum Culture:**  Collection Collection Collection  Date Date Date  \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  ❑ Positive ❑ Positive ❑ Positive  ❑ Negative ❑ Negative ❑ Negative  ❑ Pending ❑ Pending ❑ Pending  ❑ Not done ❑ Not done ❑ Not done  ❑ Unknown ❑ Unknown ❑ Unknown  Notes:  Sensitivities: Date Reported:  ❑ Pansensitive \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  ❑ INH-resistant only  ❑ Other mono-drug resistance  (Drug: )  ❑ MDR TB  (Drugs: )  ❑ Other polydrug resistance  (Drugs: )  ❑ Pending  ❑ Not done  ❑ Unknown  **Notes:** |

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| **Current Treatment** |
| Date therapy started: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  ❑ INH mg **Regimen:**  ❑ RIF mg ❑ Daily ❑ 2x/wk ❑ 3x/wk  ❑ PZA mg  ❑ EMB mg **DOT:**  ❑ Other mg ❑ Yes ❑ No ❑ Unknown  ❑ Other mg  ❑ Other mg **Adherent to Treatment:**  ❑ Other mg ❑ Yes ❑ No ❑ Unknown  Isolated? ❑ Yes Location: Date: \_\_\_/\_\_\_/\_\_\_  ❑ No Reason:  ❑ Unknown |
| Symptoms and Infectious Period |
| **Symptoms:** **Date of Symptom Onset:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Fever ❑ Yes ❑ No ❑ Unknown  Cough ❑ Yes ❑ No ❑ Unknown  Cough up blood ❑ Yes ❑ No ❑ Unknown  Night sweats ❑ Yes ❑ No ❑ Unknown  Weight loss ❑ Yes ❑ No ❑ Unknown Lost pounds within week(s)  Fatigue ❑ Yes ❑ No ❑ Unknown  Other symptoms ❑ Yes ❑ No ❑ Unknown If yes, describe:  **Infectious Period:**  Patient is:  ❑ AFB Smear (+) with symptoms Infectious period = 12 weeks before symptom onset to date of isolation  ❑ AFB Smear (+) with no symptoms Infectious period = 12 weeks before first positive finding to date of isolation  ❑ AFB Smear (–) with symptoms Infectious period = 12 weeks before symptom onset to date of isolation  ❑ AFB Smear (–) with no symptoms Infectious period = 4 weeks before first positive finding to date of isolation  *(2011, CDPH/CTCA Joint Addenda: Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis*  **Infectious Period =** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  **Last Date at School = \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
| |  | | --- | | **Contacts** | | **Locations frequented during infectious period:**  ❑ Home:  ❑ Social:  ❑ Work:  ❑ School:  ❑ Other: | | |