

# Confidential TB Suspect / Disease Report

Spokane County • Tuberculosis Control Program  
 TEL: (509) 324.1613 FAX: (509) 324.3600



Patient \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex  M  F Preferred Language \_\_\_\_\_

Employer / School \_\_\_\_\_

Occupation \_\_\_\_\_

Race  White  Black  American Indian  Alaska Native  
 Asian  Pacific Islander  
(specify) \_\_\_\_\_ (specify) \_\_\_\_\_

Ethnicity  Hispanic  Non-Hispanic

Country of birth \_\_\_\_\_

Date of entry into the U.S. \_\_\_\_\_

Reported by \_\_\_\_\_ Report date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Pt currently hospitalized?  Yes  No Adm date \_\_\_\_\_

Treating physician \_\_\_\_\_

Name of hospital / clinic \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_

If patient is under 18, legal guardian's full name and phone #

\_\_\_\_\_  
First MI Last

Phone \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Pulmonary TB  Extra Pulmonary TB  
 Site \_\_\_\_\_

If pulmonary, check symptoms  
 Cough  Night Sweats  Hemoptysis  
 Sputum Production  Weight loss \_\_\_\_\_ (lbs.)

Date of onset \_\_\_\_\_

If asymptomatic, reason for evaluation \_\_\_\_\_

Skin test date \_\_\_\_\_ IGRA test date \_\_\_\_\_

Result \_\_\_\_\_ mm  QuantiFERON  T-Spot  
 Not Done  Positive  Negative  
 Unknown  Indeterminate

Chest X-ray date \_\_\_\_\_  Cavitory  Non-cavitory

Impression \_\_\_\_\_

Bacteriology  Not done

Specimen Collection Date	Specimen Type	AFB Smear +/-	Culture M. tb +/-

Lab Name \_\_\_\_\_

Allergies \_\_\_\_\_

HIV status  Positive  Negative  Unknown  
 Not done  Refused  Pending

Date \_\_\_\_\_

Treatment  Not started

Medication	Dose	Start
Isoniazid		
Rifampin		
Ethambutol		
Pyrazinamide		
Rifamate		
Rifabutin		

Patient Weight \_\_\_\_\_ (lbs.)

Date \_\_\_\_\_

PLEASE ATTACH COPIES OF ALL LAB AND RADIOLOGY REPORTS