



LATENT TUBERCULOSIS TREATMENT PLAN

Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Hispanic: <input type="checkbox"/> No <input type="checkbox"/> Yes
Patient Name:	Date of Birth:	Phone:
Address:	City/State/Zip:	County:

Race: White Black Asian Am. Indian/Nat. Alaskan Other: _____

Homeless in the Past Year: No Yes

Country of Origin: USA Other: _____ Date of Expected Arrival: ____/____/____

MEDICAL INFORMATION:

Tuberculin Skin Test Date: ____/____/____ Result: ____ mm

IGRA Test Date: ____/____/____ Result: ____ mm

Chest X-Ray Date: ____/____/____ Comments: _____

Normal Abnormal Cavitory Non-cavitory Stable Worsening Improving

CT Scan Date: ____/____/____ Comments: _____

Normal Abnormal Cavitory Non-cavitory Stable Worsening Improving

Diagnosis: Latent TB Infection Previous LTBI Tx (date): ____/____/____ Other: _____

Reason for Testing: Contact Medical Population No known risk factors

LTBI TREATMENT:

Treatment Start Date: ____/____/____

Regimen: INH daily 6 months INH and Rifapentine DOT 12 once weekly doses

INH daily 9 months INH bi-weekly DOT 6 months

Rifampin daily 4 months INH bi-weekly DOT 9 months

CLOSED:

Date Closed: ____/____/____ Reason Closed: Completed Treatment Client Stopped on Own

Active TB Diagnosed Lost to Follow-Up

Therapy: DOT Yes No Died Provider Decision: Toxicity

Both, Self and Observed Moved: Transferred Provider Decision: Other

Care to: _____ Specify: _____

Moved: Follow-Up Unknown

Comments: _____

Physician's Name: _____

Date: ____/____/____

