COLLIN COUNTY TUBERCULOSIS SUSPECT/CASE REPORT

Fill out and fax completed form to:
Collin County Health Care Services
TB Elimination Program
ATTN: TB Program Manager
825 N. McDonald St., Suite 130
McKinney, TX 75069
Ph: 972-548-5510 Fax: 972-548-5514

REPORTING AGENCY/OFFICE/HOSPITAL
Date of Report: / /
Name:
Address:
Phone
Name of MD/RN:
Signature of MD/RN:

PATIENT DEMOGRAPHICS

Name:			DOB: / /
Address:			Age:
City, State, Zip Code:			SSN# - -
Home Ph:	Wk Ph:	**If patient is minor, what are parent's names?**	
Cell Phone:	Alt Ph:	Mother:	Father:
Sex: ☐ M ☐ F	Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown		
Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Unknown			
Country of Origin:		Primary Language	

HOSPITALIZATION INFORMATION

Admission Date: / / Discharge Date: / /		Floor/Room #:
Admit Physician:	Admit Diagnosis/Procedure:	
Medical Record #:		
Discharge Diagnosis: ☐ Pulmonary TB ☐ Extra Pulmonary TB ☐ Latent TB Infection Other:		

PATIENT HISTORY & MEDICAL/SOCIAL RISK FACTORS

☐ Cough ☐ Fever ☐ Hemoptysis ☐ Night Sweats ☐ Chills ☐ Weight loss ☐ Loss of appetite
Duration/dates (mm/dd/yyyy)

☐ Alcohol Abuse	☐ Homeless	☐ Jail/Prison	☐ Prolonged Steroid Therapy
☐ Diabetes	☐ Homosexual	☐ Malnutrition	☐ Sarcoid/Hodgkin's Disease
☐ Foreign Born	☐ Intestinal Bypass	☐ Migrant Worker	☐ Renal Disease
☐ HIV+	☐ IVDU	☐ Nursing Home	☐ Immunosuppression

TREATMENT (fill in dosage)

Date Started: / / Allergies:

INH	RIF	PZA	EMB	B6	Other

CHEST X-RAY

Date(s) taken: / / / / ☐ Normal ☐ Abnormal
Results: ☐ Cavitation ☐ Infiltrate ☐ Opacity ☐ Granulomas ☐ Nodule
Location: ☐ Apex ☐ LUL ☐ RUL ☐ RLL ☐ LLL ☐ LL ☐ RL
Follow-up X-ray status: ☐ Improving ☐ Worsening ☐ Stable
Comments:

TB SKIN TESTING		TB BLOOD TESTING	
Date Read: / /	☐ POS (mm):_____ ☐ NEG (mm):_____	Date Collected: / / Result: ☐ POS ☐ NEG	☐ Quantiferon Gold or ☐ T-Spot

If previous PPD was positive, was treatment for TB infection taken? ☐ Yes ☐ No
If yes, was treatment completed? ☐ Yes ☐ No

LAB REPORT(S) & ATTACHMENTS

Specimen Source: ☐ Sputum ☐ Other	Date Collected: / /
Smear Results: ☐ POS ☐ NEG	Culture report: ☐ MTB ☐ POS (no ID) ☐ NEG ☐ PENDING
Surgical Pathology Report: ☐ Granulomatous+ AFB ☐ Granulomatous-AFB	

Please included the following report:

☐ Admission H&P	☐ Discharge Summary	☐ MRI (if done)	Other:
☐ CXR	☐ Infectious Disease Consult	☐ Pulmonary Consult	
☐ CT (if done)	☐ Labs	☐ Pathology report	