

TB PATIENT INTAKE SHEET

NAME: _____ DOB: _____
Last Name First Name

ALIAS/AKA: _____

ADDRESS (include apt #): _____

CITY: _____ ZIP CODE: _____ TEL. # (home/work/cell): _____

LENGTH OF TIME: at current address _____ In Westchester County _____ In New York State _____

BIRTHPLACE (CITY/COUNTRY): _____ DATE ENTRY USA: _____ FOREIGN RESIDENT Y N UNK

RACE: _____ ETHNICITY: _____ SEX: _____ PREGNANT Y N

OUTCOME: ALIVE DEAD DATE OF DEATH: _____ CAUSE OF DEATH: _____

OCCUPATION: FOOD SERVICE DAY CARE HEALTH CARE STUDENT/SCHOOL INMATE
CORRECTION WORKER OTHER _____

NAME OF EMPLOYER: _____ LAST DAY OF WORK: _____

NAME OF REPORTING INDIVIDUAL: _____ REPORT DATE: _____

REPORTING SOURCE: LOCAL HEALTH UNIT MD HOSPITAL/ICN LAB OTHER
DEATH CERTIFICATE FEDERAL INSTITUTION OTHER STATE HEALTH DEPT

MD: _____ MD PHONE #: _____

HOSP: _____ ADM DATE: _____ DISCHARGE DATE: _____

ADMIT DIAGNOSIS (list all): _____

MEDICAL RECORD#: _____ INSURANCE: _____ Policy #: _____

PERSON WHO WILL NOTIFY HEALTH DEPT OF DISCHARGE: _____

BACTERIOLOGY

REPORTING LAB	SPEC:	DATE:	LAB#:	SMEAR:	PROBE:	CULT:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

CXR/CT SCAN (submit reports): Normal (CXR CT scan) Abnormal (CXR CT scan) Cavitary Y/N (CXR CT scan)

TST (DATE ADMINISTERED/ RESULT IN MM): _____ IGRA/ QFT-G (DATE/RESULT) _____

HIV: DATE TESTED/RESULTS: _____ DATE PATIENT PLACED ON ISOLATION: _____

DATE OF TB DIAGNOSIS: _____ PAST HX OF TB: Y N If yes: Date: _____ Location (city, state, or country) _____

SITE OF TB INFECTION (list all): _____ WEIGHT: _____

MEDS: INH date _____ dosage _____ RIF date _____ dosage _____ PZA date _____ dosage _____

EMB date _____ dosage _____ Other TB meds _____ date _____ dosage _____

DATE OF FIRST SYMPTOM: _____ HISTORY (SYMPTOMS ETC.): _____

EMERGENCY CONTACT/NEXT OF KIN (NAME/PHONE NUMBER): _____

ADDITIONAL COMMENTS _____

WCDOH Disease Control Nurse _____ Date report received _____

For local health department use only Case Status: Confirmed Suspect