

**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**

Date of Report: / /

Address:

Phone

Name of MD/RN:

Signature of MD/RN:

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	

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

☐ 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

Date Started: / /				Allergies:	
INH	RIF	PZA	EMB	B6	Other

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:					

Date Read: / /	☐ POS (mm):_____	Date Collected: / /	☐ Quantiferon Gold or ☐ T-Spot
	☐ NEG (mm):_____	Result: ☐ POS ☐ NEG	
If previous PPD was positive, was treatment for TB infection taken? ☐ Yes ☐ No			
If yes, was treatment completed? ☐ Yes ☐ No			

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	

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