

## Initial TB Symptom and Risk Assessment

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

### TB SYMPTOM REVIEW:

Does patient currently have any of the following symptoms?  Yes  No

cough for more than 3 weeks  coughing up blood  chronic fever

unexplained weight loss  drenching night sweats

**IMMEDIATE CHEST X-RAY AND MEDICAL EVALUATION is needed if patient has at least one symptom**

### TB SCREENING AND TREATMENT HISTORY:

1. Has patient ever had a positive Mantoux skin test or TB blood test?  Yes, date \_\_\_\_\_  No

If yes, did patient complete preventive TB treatment ( $\geq 6$  months)?  Yes, regimen \_\_\_\_\_  No

2. Has patient ever had active TB disease?  Yes, date \_\_\_\_\_  No

If yes, did patient complete active TB treatment ( $\geq 6$  months)?  Yes, regimen \_\_\_\_\_  No

**TB TEST (Mantoux or blood test) is NOT needed if the answer is YES to any of the above questions**

### MEDICAL AND EXPOSURE RISKS ASSESSMENT:

1. Does patient have any of the following conditions?  Yes  No

HIV  diabetes  cancer  kidney failure

current or past history of chronic tobacco use

2. Does patient take of the following immunosuppressive medications?  Yes  No

prednisone  methotrexate  cyclosporine  chemotherapy for cancer

rheumatoid or psoriatic arthritis/Crohn's disease drugs (e.g., anti-TNF $\alpha$ )

3. Has patient had any contact to someone with known TB disease of the lung?  Yes  No

4. Was patient born in Asia, Africa, Latin America or Eastern Europe?  Yes  No

5. Has patient spent more than 2 weeks in Asia, Africa, Latin America, or Eastern Europe in the last 2 years?  Yes  No

6. Does patient drink raw milk or eat unpasteurized cheese?  Yes  No

*(Adult patients only)*

1. Has patient been in prison or jail in the last 5 years?  Yes  No

2. Is patient homeless or live in a single room occupancy hotel?  Yes  No

3. Does patient inject street drugs?  Yes  No

4. Does patient work with homeless persons, migrant workers, or drug users?  Yes  No

5. Is patient a health care worker?  Yes  No

*(Pediatric patients age <18 only)*

1. Does child live with a household member who was born in Asia, Africa, Latin America or Eastern Europe?  Yes  No

2. Does child spend time with anyone who has been in jail (or prison), a shelter, SRO hotel, or who uses illegal drugs or has HIV?  Yes  No

**TB TEST (Mantoux or blood test) is needed if the answer is YES to any of the above questions**

**CHEST X-RAY AND MEDICAL EVALUATION is needed if TB Test is POSITIVE**

Document the TB test date, return visit and result (including millimeters) in the medical record and database.

Person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_