

ADDICTION TREATMENT TB ASSESSMENT/REFERRAL FORM

PROGRAM: _____

COUNSELOR _____

PHONE: _____

CLIENT NAME: _____

REFERRAL DATE: _____

BIRTH DATE: _____

SEX: M F

RACE: _____

ADDRESS: _____

PHONE: _____

I. TB HISTORY (U=Unknown)

1. Y N U Previous history of tuberculosis Where? _____ When? _____
2. Y N U Previous positive TB skin test Where? _____ When? _____
(obtain documentation of positive results)
3. Y N U History of INH preventive therapy Where? _____ When? _____
If answers to questions 1, 2, or 3 are Yes, TB Skin Test not needed, STOP
4. Y N U History of negative TB skin test Where? _____ When? _____
Retesting may be recommended 1 year following a negative test. Go to Section II.

II. TB RISK ASSESSMENT:

1. Y N U HIV infection
2. Y N Injection drug history
3. Y N Are you aware of any exposure in last 24 months to someone close to you with active TB?
4. Y N Female with crack cocaine history
5. Y N Client enrolled in Methadone, Intermediate Care Facility or Therapeutic Community Program

If answer is "No" to 1, 2, 3, and 4, referral is not needed. STOP (Do not complete rest of form)

If answer is "Yes" to any of the above, go on to Section III.

III. REFERRAL INFORMATION FOR TB EVALUATION

Name of TB Clinic: _____ Appt. Date: _____
Address: _____ Phone: _____

- Reason for Referral:
1. _____ Client needs a TB skin test
 2. _____ Client had a positive skin test _____ mm on ____/____/____ and is in need of follow up
 3. _____ Client meets the criteria for a TB suspect (TB Symptom Checklist) and needs immediate evaluation.

Comments: _____

IV. FOLLOW-UP REPORT *(to be completed by TB Clinic or Program Nurse)*

1. _____ Client received skin test and had it read
Result _____ mm Pos Neg Date: ____/____/____.
2. _____ Preventive therapy was initiated on ____/____/____.
Next appointment is ____/____/____.
3. _____ Treatment for active TB was initiated on ____/____/____.
Next appointment is ____/____/____.
4. _____ Client had skin test and did not return for reading
5. _____ Client never kept appointment for TB screening

Comments: _____

Contact Person: _____ Phone: _____ Date: _____
(TB Clinic: Please send form back to the above addictions program)

Declination Statement: I have been assessed as needing a TB skin test but have chosen not to have one even though I realize that I am at risk of contracting the disease.

Signature