



# FOLLOW-UP REPORT ON PATIENT WITH TUBERCULOSIS

Physician:	Phone:	
Address:	City/State/Zip:	

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

## MEDICAL INFORMATION:

Chest X-Ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Comments: \_\_\_\_\_

- Normal  Abnormal  Cavitory  Non-cavitory  Stable  Worsening  Improving

CT Scan Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Comments: \_\_\_\_\_

- Normal  Abnormal  Cavitory  Non-cavitory  Stable  Worsening  Improving

## BACTERIOLOGY

Date of Collection	Specimen type	Smear	Culture	MTB/NTM	Susceptibility
		Choose an item.	Choose an item.		Choose an item.
		Choose an item.	Choose an item.		Choose an item.
		Choose an item.	Choose an item.		Choose an item.
		Choose an item.	Choose an item.		Choose an item.

ALT/SGPT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

AST/SGOT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MEDICATIONS:	Date Started:	Discontinued:	Reason:	Total # Doses Given to Date:
ISONIAZID _____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
RIFAMPIN _____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
PYRAZINAMIDE _____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
ETHAMBUTOL _____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
PYRIDOXINE _____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
_____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
_____ MG PO _____ X WEEK	____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____

Name of Person administering Directly Observed Therapy \_\_\_\_\_ or Attach DOT Sheet: Yes/No

Comments: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_