## **COLLIN COUNTY TUBERCULOSIS SUSPECT/CASE REPORT**

Fill out and fax completed form to: Collin County Health Care Services						REPORTING AGENCY/OFFICE/HOSPITAL  Date of Report: / /					
ATTN: TB Program Manager						Address:					
825 N. McDonald St., Suite 130						Phone					
McKinney, TX 75069						Name of MD/RN:					
Ph: 972-548-5510 Fax: 972-548-5514											
							Signature of MD/RN:				
PATIENT DEMOGRAPHICS											
Name:										OB: / /	
Address:										ge:	
City, State, Zip Code:					SSN#						
Home Ph:		Wk Ph:			If patient is minor, what a			ninor, what a			
Cell Phone:		Alt Ph:			Mother:				Fa	ather:	
Sex: M	☐ F	Et	hnicity:	Hispani	С		Non-	·Hispanic [		Unknown	
Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Unknown											
Country of Origin: Primary Language											
HOSPITALIZATION INFORMATION  Picelle args Date: // Floor/Poors #6											
Admission Date: / / Discharge Da											
Admit Physician: Admit Diagnosis/Procedure:											
Medical Record #:											
Discharge Diag			nary TB 🔃	Extra Pulmona				nt TB Infection		Other:	
PATIENT HISTORY & MEDICAL/SOCIAL RISK FACTORS											
Cough Duration/date			ptysis 🗌	Night Sweats [		Chills	V	Veight loss	Lo	ss of appetite	
Duration/dates (mm/dd/yyyy)  Alcohol Abuse			Homeless		Jail/Prison			n		Prolonged Steroid Therapy	
Diabetes		Homosexual			Malnutrition				┢	Sarcoid/Hodgkin's Disease	
Foreign Born					Migrant Worker				┢	Renal Disease	
)		Intestinal Bypass			Nursing Home				┢	] Immunosuppression	
☐ HIV+ ☐ IVDU ☐ Nursing ☐ TREATMENT (fill in dosage										j illillidilosappression	
Date Started: / / Allergies:											
INH RIF			PZA	EMB	B6				Other		
				CHEST	' Y_I	247					
Date(s) taken: / / /											
Results: Cavitation		Infiltrate O			pacity Granulomas				Nodule		
Location:		1	LUL		LL	ity [	LLL		IN	RL	
	Apex _	_				<del>.   </del>				NL .	
Follow-up X-	ay status	<u> </u>	Improving	Worse	mıç	<u> </u>	Sic	able			
Comments:	TD OKINI	<b></b>	OTIMO		1			TD DI 005		FOTING	
	TB SKIN	I E	STING					TB BLOOD	) II	ESTING	
Data Basel: / / POS (mm):						Date Collected: / /					
			POS (mr	m):	Da	ate Co	llecte	ed: / /		<ul> <li>Quantiferon Gold or</li> </ul>	
Date Read:	/ /	F	= `	,						Quantiferon Gold or T-Spot	
			NEG (mı	m):	Re	esult: [	P(	OS NEG		Quantiferon Gold or     T-Spot	
If previous Pl	D was positi		NEG (mi	m): nen <u>t f</u> or TB inf	Re	esult: [	P(	OS NEG	No		
	D was positi		NEG (mi was treatned? Yed?	m): nent for TB inf es	Re	esult: [ on tak	PCen?	OS NEG Yes	No		
If previous Pl	PD was positi	olet	NEG (mi was treatned? Ye	m): nent for TB inf es	Re ecti	esult: [ on tak	PCen?	OS NEG Yes NTS	No		
If previous PI If yes, was tre Specimen Sc	PD was positi eatment comp ource: Sp	olet	was treatmed? Yes	m): nent for TB inf es	Recti	esult: [ on tak TTAC ate Co	PCen?	OS NEG Yes D  NTS ed: /	/	T-Spot	
If previous PI If yes, was tre Specimen So Smear Resul	PD was positi eatment comp ource: Sp ts: P0	olet outu	NEG (mi was treatned?  You LAB um  Oth	m): nent for TB inf es	Recti	esult: [ on tak  TTAC ate Co	PC en? HME llecte	OS NEG Yes MTS ed: / MTB POS	/ 5 (no	T-Spot	
If previous Pl If yes, was tre Specimen Sc Smear Resul Surgical Path	PD was positic eatment compource: Spots: Position Positio	outu OS : [	NEG (mi was treatned? Yes	m): nent for TB inf es	Recti	esult: [ on tak  TTAC ate Co	PC en? HME llecte	OS NEG Yes D  NTS ed: /	/ 5 (no	T-Spot	
If previous Pl If yes, was tre Specimen Sc Smear Resul Surgical Path Please inclu	PD was positied the seatment compource: Special Specia	outu OS : [	was treatmed? Year AB  um Oth  Granul ng report:	m): nent for TB inf es	Recti	esult: [ on tak  TTAC ate Co ate re	PC en? HME llecte port: [ Granu	OS NEG Yes S  NTS ed: / MTB POS ulomatous-AF	/ 5 (no	T-Spot	
If previous PI If yes, was tree  Specimen So Smear Resul Surgical Path Please inclu Admission	PD was positied the seatment compource: Special Specia	outu OS : [	was treatmed? You LAB Im Other Oranulars Granulars Discharg	m): nent for TB infes  No REPORT(S) aner EG omatous+ AF	Recti	esult: [ on tak  TTAC ate Co lture re	PCENTER PORTON	NTS ed: / MTB POSulomatous-AF	/ 5 (no B	T-Spot	
If previous Pl If yes, was tre Specimen Sc Smear Resul Surgical Path Please inclu	PD was positic eatment compource: Specific Speci	outu OS : [	was treatmed? You LAB Im Other Oranulars Granulars Discharg	m): nent for TB inf es	Recti	esult: [ on tak  TTAC ate Co lture re  MR Pulr	HME Illecte port: [ Granu I (if de	OS NEG Yes S  NTS ed: / MTB POS ulomatous-AF	/ 5 (no B	T-Spot	