

RISK FACTORS

Within last 12 months:

- Homeless
- IV Drug Use
- Non-IV Drug Use
- Excessive Alcohol
- Unknown

At time of Diagnosis:

- Previous LTBI history Did not complete therapy Completed therapy (date) _____
- Resident of correctional facility, if yes: Federal Prison State Prison Local Jail Juvenile Correction Facility
 - Other Correctional Facility _____
 - Unknown
- Resident of long term care facility, if yes: Nursing home Hospital based facility Alcohol or drug treatment facility
 - Mental health facility Other _____

BARRIERS TO ADHERENCE

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Homelessness <input type="checkbox"/> Inadequate housing <input type="checkbox"/> Inadequate nutrition <input type="checkbox"/> Inadequate income <input type="checkbox"/> Inadequate transportation <input type="checkbox"/> Inadequate healthcare/insurance <input type="checkbox"/> Unemployment <input type="checkbox"/> Domestic violence/abuse <input type="checkbox"/> Low literacy <input type="checkbox"/> Language barrier <input type="checkbox"/> Alcohol use | <ul style="list-style-type: none"> <input type="checkbox"/> Drug use Specify _____ <input type="checkbox"/> Depression <input type="checkbox"/> Suicidal/homicidal thoughts <input type="checkbox"/> Paranoia / Defiant / Erratic behavior <input type="checkbox"/> Uncooperative <input type="checkbox"/> Erratic behavior <input type="checkbox"/> Does not follow isolation <input type="checkbox"/> Misses Clinical appointments <input type="checkbox"/> Misses DOT appointments <input type="checkbox"/> Reluctant to identify contacts |
|--|---|

TREATMENT ISSUES

- Treatment interruptions? Yes No Date stopped _____
- Medical/adverse reactions Yes No
Specify _____
- Liver Enzymes elevated Yes No Specify _____
- Patient nonadherence Yes No
Specify _____
- Provider reasons Yes No
Specify _____
- Date re-started _____

REFERRALS & ADHERENCE STRATEGIES (specify):

ADDITIONAL COMMENTS:

Date Report Completed _____ SIGNATURE _____

RECOMMENDATIONS:

Date Review Completed _____ SIGNATURE _____