

Follow-up Report on Patient with Tuberculosis

Form 3142 (revised 01/2020)

Physician _____
 Physician Address _____

 Physician Telephone _____

Date _____
 Patient Name _____
 Patient Address _____

 Patient DOB _____ Telephone _____

Since tuberculosis (TB) is a communicable disease, the County Public Health Department is required by law to assure that every patient with Tuberculosis receives proper treatment and follow-up. In order to adhere with Georgia Statutes and to assure quality care for this patient, your cooperation in completing, signing and returning this form is necessary. Please return to _____ County Public Health Department at _____ by _____.

RADIOGRAPH FINDINGS

Date performed _____ Results (please check) Normal Abnormal Cavitory Disease Stable
 Additional Info/Other _____

BACTERIOLOGICAL STATUS

Date Performed _____ Type of Specimen _____

Smear: Positive Negative Pending Not Performed
 Culture: Positive Negative Pending Not Performed

If culture positive, Mycobacterium Tuberculosis or other (please specify) _____

Date of last culture positive specimen (if applicable): _____

Date of last culture negative specimen (if applicable): _____

Were drug susceptibility tests ordered on a positive culture? Yes No If no, please explain _____

CLINICAL/LAB RESULTS

Liver function tests/date: _____ Visual acuity _____ Color Discrimination _____ Hearing _____

MEDICATIONS If not receiving TB medications explain why, _____

Date started: _____	Isoniazid _____ mg PO _____ times/week	Doses received to date: _____
Date started: _____	Rifampin _____ mg PO _____ times/week	Doses received to date: _____
Date started: _____	Ethambutol _____ mg PO _____ times/week	Doses received to date: _____
Date started: _____	Pyrazinamide _____ mg PO _____ times/week	Doses received to date: _____
Date started: _____	Pyroxidine _____ mg PO _____ times/week	Doses received to date: _____
Date started: _____	_____ mg PO _____ times/week	Doses received to date: _____

Name of Person performing Directly Observed Therapy: _____ (please attach completed DOT sheet)

Directly Observed Therapy is the **standard of care** for all patients being evaluated for/diagnosed with TB in Georgia.

Comments: _____

Physician's signature _____ Date _____