DPH Georgia Department of Public Health TB PREVENTION AND CONTROL

Medical Case Review

revised 01/2020

Patient Name _____ Date of Birth _____ Age _____ Race _____ Sex ___ HIV status _____ ☐ US born

☐ Foreign-born If foreign-born from what country? And date came to United States? _____

Exposed to a person with TB disease? _____ If person with TB disease is less than 18, source identified? _____

Physician or Health Department _____ Occupation _____ Last date worked _____

DIAGNOSTIC INFORMATION

Diagnosed at ☐ Hospital ☐ Physician's Office ☐ Health Dept.
Status at Diagnosis: ☐Alive ☐Dead (date) _____

Major site of disease:

Additional site:

Skin/IGRA Test
Date _____
Results _____
Reason _____

Fluid specimens	Date(s) Collected	Smear Pos / Neg / Pend/Not done	Culture Pos / Neg / Pend / Not done
Initial Sputum	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
Bronchial Wash	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
Gastric Aspirate	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
Pleural Fluid	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
CSF	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
Urine	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐
Other _____	_____	☐ ___ ☐ ☐ ☐	☐ ☐ ☐ ☐

Biopsy specimens for pathology & culture

	Date Collected	AFB	Necrotizing granuloma	Culture
Lymph node	_____	_____	_____	_____
Pleura	_____	_____	_____	_____
Bone	_____	_____	_____	_____
Other	_____	_____	_____	_____

Not performed ❑

Not applicable ❑

DRUG SUSCEPTIBILITY RESULTS: ❑ No resistance ❑ INH resistance ❑ RIF resistance ❑ Other _____

SPUTUM CULTURE CONVERSION: Date _____ Occurred within 2 months of treatment? ❑ Yes ❑ No

BACTERIOLOGY SUMMARY: Smear: Last Positive_____ 1st Negative _____ Culture: Last Positive _____ 1st Negative _____

CHEST RADIOGRAPHY

INITIAL

Date _____
Remarks:

Interpretation
❑ Normal ❑ Not done ❑ Unknown
❑ Abnormal → ❑ Cavitary
❑ Non-cavitary → ❑ Consistent with TB
❑ Inconsistent with TB
❑ Pleural Effusion

FOLLOW-UP

Date _____
Status
❑ Stable
❑ Worsening
❑ Improving
❑ Unknown

CO-MORBID MEDICAL

HIV Test Offered ❑ Yes ❑ No
Refused Testing ❑ Yes ❑ No
Test done, results unknown ❑

❑Status Negative
❑Status Positive → CD4 _____
On Antiretrovirals ❑ Yes ❑ No
If Yes, List:

PCP Prophylaxis ❑ Yes ❑ No

❑ Diabetes Mellitus ❑ Cancer (site) _____
❑ Silicosis ❑ Chronic Liver disease
❑ End Stage Renal Disease ❑ Hepatitis B ❑ Hepatitis C
❑ Tumor necrosis factor alpha (TNF) antagonists ❑ No Medical History
❑ Other _____
Recent hospitalization, specify details:

Medical Complications:

Initial weight _____
Current weight _____

ALLERGIES:

INITIAL DRUG REGIMEN

Date RX Started:_____ ☐5x/week ☐ 3x/week Other _____ ☐ DOT ☐ Video DOT ☐Non-DOT
☐ Isoniazid _____ ☐ Rifampin _____ ☐ Pyrazinamide _____ ☐ Ethambutol _____
☐ Other_____ ☐ Other _____ ☐ Other _____

CURRENT DRUG REGIMEN

Date RX Started:_____ ☐5x/week ☐ 3x/week Other _____ ☐ DOT ☐ Video DOT ☐Non-DOT
☐ Isoniazid _____ ☐ Rifampin _____ ☐ Pyrazinamide _____ ☐ Ethambutol _____
☐ Other_____ ☐ Other _____ ☐ Other _____
 # Months on Therapy _____**# Doses to Date** _____ **Est. length of treatment** _____ **Anticipated completion date** _____

Describe clinical improvement _____

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

- ❑ Homelessness
- ❑ Inadequate housing
- ❑ Inadequate nutrition
- ❑ Inadequate income
- ❑ Inadequate transportation
- ❑ Inadequate healthcare/insurance
- ❑ Unemployment
- ❑ Domestic violence/abuse
- ❑ Low literacy
- ❑ Language barrier
- ❑ Alcohol use
- ❑ Drug use

Specify _____

- ❑ Depression
- ❑ Suicidal/homicidal thoughts
- ❑ Paranoia / Defiant / Erratic behavior
- ❑ Uncooperative
- ❑ Erratic behavior
- ❑ Does not follow isolation
- ❑ Misses Clinical appointments
- ❑ Misses DOT appointments
- ❑ 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**_____