

Established Adult Patient with No Prior TB test or Prior Negative

Results: Periodic TB Risk Assessment

Name: _____ Birth Date: _____
Medical Record #: _____ Assessment to be done with routine/annual PE: _____

TB Symptom Review

Do you CURRENTLY have any of the following symptoms?

- cough > 3 weeks
- coughing up blood
- unexplained weight loss
- chronic fever
- drenching night sweats

IMMEDIATE chest x-ray and medical evaluation is needed if the answer is YES to any of the above symptoms.

New TB Medical Risks for TB Disease Progression

Since you last saw the doctor, do you have a NEW diagnosis of:

- VIH? diabetes? cancer? kidney failure

OR started taking any of the following immunosuppressive medications:

- Predisone Metotrexate Cyclosporine
- Chemotherapy for cancer
- IV rheumatoid or psoriatic arthritis/Crohn's disease drugs

New TB Exposure Risk

In the past 2 years... (Mark what applies to you)

- Have you been in contact with anyone known to have TB disease of the lung?
- Have you spent more than 2 weeks in Asia, Africa, Latin America, or Eastern Europe?
- Have you been incarcerated or inside of a jail?
- Have you been homeless or live in a single room occupancy hotel?
- Have you injected street drugs?
- Have you worked with homeless persons, migrant workers, or drugs users?
- Have you worked as a health care worker?

A new or repeat TB test (Mantoux or blood test) is needed if the answer is YES to any of the above questions.

Required: Document the date of the Mantoux, return visit and the millimeter result in the medical record and database.

Person completing the form: _____ Date: _____