Reset Form

INITIAL / MONTHLY TB CLINICAL ASSESSMENT
PRESUMPTIVE CASE/CONFIRMED CASE/ LTBI CASE

State Form 9900448 (8-26)
INDIANA DEPARTMENT OF HEALTH

Name: _____

DOB: _____

PID: _____

Date										
Treatment Month	Initial									
Weight (initial then prn)										
Blood Pressure										
Pulse / Respirations	/	/	/	/	/	/	/	/	/	/
Temperature (initial then prn)										
Lung sounds CTA Y/N										
Lymph nodes palpable Y/N										
Assessment: If present, enter a plus sign (+) and write a progress note. If absent, enter a null symbol Ø.										
Cough/frequency										
Sputum amount/color										
Night sweats										
Fever										
Loss of appetite										
Weight loss										
Fatigue										
GI symptoms										
Nausea/Vomiting										
Dark urine										
Rash/Itching										
Jaundice										
Flu like symptoms										
Neuropathy										
Joint pain/Swelling										
Headache										
Vertigo/Fainting										
Mood changes										
Change in vision										
Hearing Loss/Tinnitus										

ETOH/Substance abuse										
LMP/FP method										
Tests										
Sputum	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐	NA ☐
	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐	Cans given ☐
	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐	Collected ☐
Vision screening	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐
Hearing screening	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐
Blood work	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐	NA ☐ Done ☐
Adherence (DOT or other)										
# Missed doses										
PHN Initials										

☐ Health History Completed ☐ Risk Assessment Completed* ☐ Medication List Completed

Completion of above forms verified by _____ (date and PHN initials)

*Risk Assessment may not be indicated for Active TB Cases ☐ Risk Assessment not completed – Active TB Case