



**DALLAS COUNTY**  
**HEALTH AND HUMAN SERVICES**  
**Phil Huang, MD, MPH**  
**Director**

TUBERCULOSIS SUSPECT/CASE REPORT FORM

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 SSN# \_\_\_\_\_ Medical Record # \_\_\_\_\_ Floor/Room # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Home phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Sex: Male\_\_ Female\_\_ Race: White Black Asian Other Ethnicity: Hispanic Non-Hispanic  
 Country of Origin: \_\_\_\_\_ Primary language: \_\_\_\_\_

\*\*\*\*\*  
 Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Admit Dr. \_\_\_\_\_ Admit Diagnosis

**Clinical Hx:** Productive cough Hemoptysis Weight loss Night sweats/fever None

**Risk Factors:** \_\_HIV+ \_\_Renal disease \_\_Prolonged steroid therapy \_\_Alcohol abuse  
 \_\_IVDA\_\_Malnutrition\_\_Immunosuppressive therapy\_\_Diabetes\_\_IntestinalBypass  
 \_\_Sarcoid/Hodgkins disease Other Health conditions: \_\_\_\_\_

**Social factors:** \_\_Prison/jail \_\_Homeless \_\_Nursing home \_\_Foreign born \_\_Homosexual

**Current TB Drugs:**(fill in doses) INH\_\_\_\_ EMB\_\_\_\_ RIF\_\_\_\_ PZA\_\_\_\_ B6\_\_\_\_ Other:\_\_\_\_  
**Date drugs started:**\_\_\_\_\_ **Allergies:**\_\_\_\_\_

**Chest X-Ray report:** Date:\_\_\_\_\_ Results: \_\_Cavitary \_\_Infiltrates \_\_Negative  
 Follow up X-Ray status: \_\_Improving \_\_Worsening \_\_Stable

**PPD/IGRA report:** Date:\_\_\_\_\_ Results: \_\_\_\_\_mm \_\_Results:\_\_\_\_\_

**Lab reports:** Specimen source: SPUTUM Other(specify) Date collected:\_\_\_\_\_

Smear results: Positive Negative Culture report: MTB Positive(No ID)  
 Negative Pending Surgical Pathology: Granulomatous +AFB

**Discharge Diagnosis:** Pulmonary TB Extra-pulmonary TB:\_\_\_\_\_  
 Positive Reactor(LTBI) Other:\_\_\_\_\_

Please include the following reports: CXRays, MRI, CT, Labs, H&P and Discharge summary

Comments: \_\_\_\_\_

**Fax completed form to:**  
**Deborah Basaldua, RN**  
**TB Elimination**  
**214-819-6048**

**From:**\_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**MD/RN Signature:**\_\_\_\_\_