

Patient name: _____
DOB: _____
TB#/PHN#: _____



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Completion: Treatment with TB Medications

Treatment **Start** Date (YYYYMMDD): _____

Treatment **End** Date (YYYYMMDD): _____

Completed

Did NOT complete

Active

Latent

NTM

Reason treatment not completed:

Adverse event Lost to follow-up Non-compliance Other: _____

Major mode of treatment:

DOT Self administered

Number of doses taken during treatment _____

Compliance:

100% Greater than 80% 50-80% Less than 50%

- Clients with an abnormal AST at end of treatment should have weekly ASTs done until within normal range.

Clarify with TB Control:

- Whether active pulmonary TB cases need an exit chest x-ray in the month prior to completion of TB medication.
- Whether latent TB clients who have an abnormal chest x-ray at the start of treatment need an exit chest x-ray after completion of treatment.

Please fax completed form to TB Control

TB Vancouver: (604) 707-2690
TB New Westminister: (604) 707-2694