Patient name: _____

DOB: _____

TB#/PHN#: _____

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

Request for Preventative Therapy

□ Client has been informed of the indications for preventative therapy and potential side effects of prescribed medications.

□ Client accepts responsibility for taking medications as prescribed, and reporting side effects to the responsible health care provider.

□ Client completes appropriate blood work as recommended by TB Control (TBC) and health care provider.

□ Client authorizes TBC to request any or all information related to the medical condition including medication history from Pharmanet.

□ Client has refused preventative therapy:

Client Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

Coordinating Health Unit:

- Responsible for dispensing medication, monitoring side effects and ensuring required blood work is completed.
- Responsible for reporting any abnormal AST/ALT (See TB Control manual) results and side effects to TBC.

Please include:

1). Result of most recent x-ray (within last 6 months): _____ Date _____

2). Result of most recent AST (within last 6 months): _____ Date _____

3). Medication allergies: _____

Reaction _____ Severity _____

4). Weight: _____

Comments: _____

_____

_____

Please fax completed form to TB Control
TB Vancouver: (604) 707-2690
TB New Westminster: (604) 707-2694