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

TUBERCULOSIS MEDICATION REORDER

DATE ORDERED		
YYYY	MM	DD

PATIENT INFORMATION (PLEASE PRINT OR TYPE)	ADDRESS OF HEALTH UNIT OFFICE / HEALTH AGENCY OFFICE (STAMP ALL COPIES)
SURNAME	
GIVEN NAMES: FIRST MIDDLE	
DATE OF BIRTH (YYYY / MM / DD) / T.B. NUMBER	
PHN	

DIRECTIONS

- Mail to Tuberculosis Control bimonthly to order two month supply
- Date given is the actual date client given the medication = Refill Date
- All monthly refill dates required by Tuberculosis Control for entering into TB Control charts
- Final refill date required for last month – check "NO" in the "Drug Being Ordered" section

HEALTH UNIT RECORD OF MEDICATIONS

DATE GIVEN YYYY MM DD	DRUG NAME IN **FULL** (NO ABBREVIATIONS)	RECORD DRUG PRESCRIPTION NUMBER **(RX)** GIVEN INCLUDING EACH STARTER UNIT	DRUG BEING ORDERED (Check one) Yes	No	MOST RECENT AST: DATE AND RESULTS	PHN INIT.
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RECORD ANY INTERRUPTIONS OF MEDICATIONS, SIDE EFFECTS, OR CONCERNS

DIRECTIONS

Adherence: Fill in the number of days medication taken / number of medication days in month x 100 = % adherence

To be completed by : Health Unit/Department nurse/clinician responsible for monitoring treatment

Year:	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Drugs taken in given month												
% Adherence												

HLTH 850 REV. 2011/03/28

ORIGINAL (WHITE) AND COPY 1 (YELLOW) TO BE MAILED TO: CLINIC DIRECTOR (YOUR HEALTH UNIT), DIVISION OF TB CONTROL.
CLINIC DIRECTOR: SIGNS AND FORWARDS ORIGINAL (WHITE) TO PHARMACY
HEALTH AGENCY: RETAIN COPY 2 (PINK)

PRINT RESET