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

TB # ____________________

☐ Initial Medrec
☐ Follow-up Medrec requested

Tuberculosis Control Clinic – Medication Reconciliation

*** Weight: __________kg ☐ Pregnant ☐ Nursing ☐ Dialysis ***

TB Medications (Pharmacist to Complete)

1) ISONIAZID	5) ETHAMBUTOL
2) PYRIDOXINE	6) LEVOFLOXACIN
3) RIFAMPIN	7) RIFABUTIN
4) PYRAZINAMIDE	8)

Adverse Drug Reaction (ADR) Record

☐ **No known drug allergies**

Medication	Verified	Reaction/Notation
	☐	
	☐	
	☐	
	☐	

Medications (Prescription, Non-Prescription, and OTC)

☐ **None reported**

Drug, Dose, Route, Directions and Duration	Reconciliation
Drug Dose Route Direction Duration	Isoniazid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Levofloxacin ☐ Moxifloxacin ☐ Clarithromycin ☐ Other ____________ Other ____________
Drug Dose Route Direction Duration	Isoniazid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Levofloxacin ☐ Moxifloxacin ☐ Clarithromycin ☐ Other ____________ Other ____________

Drug, Dose, Route, Directions and Duration					Reconciliation
Drug	Dose	Route	Direction	Duration	Isonaizid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Levofoxacin ☐ Moxifloxacin ☐ Clarithromycin ☐ Other ____ Other ____
Drug	Dose	Route	Direction	Duration	Isonaizid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Levofoxacin ☐ Moxifloxacin ☐ Clarithromycin ☐ Other ____ Other ____

Tuberculosis Control Clinic – Medication Reconciliation

Verification Completed by (Nurse)

Print Name	Signature	Date

Medication Reconciliation Completed by (Pharmacist)

Print Name	Signature	Date

Medication History Reviewed and/or Verified by (Physician)

Print Name	Signature	Date

Comments ☐ No drug interactions