



ACTIVE TB CASE/PRESUMPTIVE TB CASE/LATENT TB CASE REFERRAL

BALTIMORE CITY HEALTH DEPARTMENT
Health Promotion & Disease Prevention
Tuberculosis Control Program
1200 East Fayette Street
Baltimore, MD 21202
Phone: 410-396-9413/9414; Fax: 410-396-9403

Patient Name
Birthdate Language spoken:
Address
Zip code
Phone:

Race Male Female Other non-binary gender Active TB Presumptive TB
Transgender (M to F or F to M) Latent TB (LTBI)
Birth Country Date in US
Emergency Contact Name Address Phone

Referred by Facility
Phone/Pager Fax

Note: BCHD provides medications, DOT, and case-management for confirmed cases of active TB. If this patient does not have a confirmed microbiologic diagnosis of TB, please call BCHD to discuss the case with a TB clinician PRIOR to faxing this form. In some instances, BCHD provides medication and DOT for cases of clinically-diagnosed TB. For TB suspects, BCHD assumes no responsibility and is unable to provide evaluations for fungal disease, malignancy, or conditions other than TB. Diagnostic testing at BCHD is limited to chest Xrays, sputum AFB smear, and sputum mycobacterial culture. When needed, other testing such as CT scans, bronchoscopy, tissue biopsy, etc, should be completed BEFORE referral. Patients with incomplete diagnostic evaluations, or forms without an identified clinical provider for future evaluation/care will be returned. I have read this notice and will comply with BCHD TB policy (initials)

Clinical provider: Phone/Pager Fax
Admission Date D/C Date Room # Patient ID

Skin test/ppd Date placed Results MM Known + Quantiferon/T-spot TB Test date/result Not done
Chest X-ray Date Results
Chest Cat Scan: Date Results

Signs & Symptoms Cough Hemoptysis Night sweats Chest pain Fever Malaise Lymphadenopathy
Duration: Weight loss - How much Other

Bacteriology table with columns: Date, Specimen, AFB Smear, Culture, Sensitivities, Lab, Date, Result. Rows include ALT, AST, T-Bili, Creatinine.

HIV Date Negative Positive Not done Date CD4 Viral Load

HIV Meds Yes No List:

TB TREATMENT table with columns: Date, Patient Weight Medication, Dose/Frequency, Allergies, Date D/C, Recommendations (Date). Rows include Isoniazid, Rifampin, Pyrazinamide, Ethambutol.

Past Medical History/Non-TB Meds

Please fax any relevant radiology and lab reports and any narrative notes that would aid in our evaluation. Thank you
Signed Date