

Contact Record

Serial No	201301300349	Originating County	Albany	Current County	Albany	Case County	Albany	
Created Date	01/02/2013	Created By	cch02	Last Update Date	01/02/2013	Last Updated By	cch02	
Index Patient's Name	doejohn	Record Origin	Manual Entry	Case Status	Confirmed	Disease	TUBERCULOSIS >= 2009	
							Date of Birth	

Contact's Information

Last Name First Name Middle Suffix Maiden

Home Phone No () - Work Phone No () - X

Address
 Street No/Street 1 Street 2

State County Locality

Zip Census

Date of Birth Age Age Units

Country Of Birth If Foreign born-Entry date to US

Occupation/Setting Other Employer/School

Ethnicity Sex Pregnant

Date of Death

Race
 White Black American Indian/Alaskan

Asian Native Hawaiian/Other Pacific Islander

Other Unknown

Contact's Details

*Priority Contact Type If other, please specify

Additional Locating Information

Evaluation - TB Tests and X-Rays

Date of First Skin Test Induration Date of Follow-up Skin Test Induration

Date of IGRA IGRA Result PPD Manufacturer Previous Positive PPD

Date of X-Ray X-Ray Results *Does patient have active TB disease *Has patient been evaluated

Was the patient referred by another provider for testing, evaluation or treatment

If yes, name of provider

Latent TB Infection (LTBI)

*Does patient have Latent TB infection (LTBI)

*Was this patient a candidate for TxLTBI If no, why not If yes, but not started why not

Was patient previously treated?

Treatment for LTBI

Date TxLTBI Started Window Treatment

Recommended Treatment If other, specify

Directly Observed Therapy If yes, select frequency:

Stopped LTBI Treatment/Discharge

Date of Final Visit # months on treatment # doses

Reasons for Stopping If provider decision, please explain If Active TB developed, Date

Counseling and Testing

Was the patient offered HIV counseling and testing Was HIV testing performed

Name of person completing investigation:

Comments