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Tuberculosis Control Program

Patient Information Sheet for Treatment of Latent Tuberculosis Infection

For patients receiving preventative therapy with Isoniazid or Rifampin, the Department of Public Health requests the following data for epidemiological purposes. Please complete this form and return in the enclosed postage paid envelope or fax it to 515-281-4570. Thank you.

M. Patricia Quinlisk, M.D.
State Epidemiologist and Medical Director

Date: _____

Name: _____ Sex: M F

Address: _____ Phone: (____) _____

City: _____ Zip: _____ County: _____

Date of birth: _____

Mantoux skin test date: _____ Results: _____ mm

*Results should be read and recorded in mm of induration only and should not include area of erythema.

Chest x-ray date (chest x-ray report required, please include w/fax) _____

Normal _____ Abnormal _____

Has TB disease been ruled out? Yes _____
No _____

Diagnosis: Latent Tuberculosis Infection: Yes _____ No _____

Planned course of treatment: INH 300 mg qd x: 9 months _____ 6 months _____ Other: _____
(Attach Prescription)

Pyridoxine (Vit. B6): 25 mg qd x 6months _____ or 9 months _____ (Available for medical conditions in which neuropathy is common - diabetes, uremia, alcoholism, malnutrition, HIV infection, pregnancy).

Please report all Suspected/Confirmed cases of TB disease by phone:

Nurse Consultant - 515-281-8636 or Program Manager - 515-281-7504

Physician: _____ Phone: (____) _____

Address: _____

City: _____ Zip: _____

Person making referral: _____ Phone: (____) _____

Please send medication to (circle one): County Public Health Department
OR
Physician's Office