

# LTBI Treatment Form



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Communicable Disease Division  
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## Latent Tuberculosis Infection (LTBI) Treatment Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Duration of Therapy: \_\_\_\_\_

Monthly Visits													
1. Date of visit													
2. Taking Rx as prescribed													
3. Jaundice/cloudy, brown urine													
4. Nausea/decreased appetite													
5. Vomiting													
6. Numbness/tingling in extremities													
7. Fatigue/weakness													
8. Rash, itching, body aches													
9. Cough, fever, night sweats, weight loss													
10. Taking other medicines*													
11. # Meds given													
12. LABS													
13. Provider Initials													
* <b>Rifampin may interfere with:</b> Methadone, oral hypoglycemics, hormonal contraceptives, anticoagulants, theophylline, dilantin, cardiac glycosides										Key: E = Evaluated, no problem NA = Not Applicable φ = No Problem + = Problem see notes			