York Region

Community and Health Services Department
Public Health Branch

PROGRESS REPORT AND MEDICATION RECONCILIATION

Tuberculosis Control Program

Client Last Name:	Given Names:	Birth Date: ____/____/____ Year Month Day	Sex: M ☐ F ☐

Dear Dr. _____ **Date:** _____

We've been informed that you are treating the above-named person for Tuberculosis. Please complete and fax this form to me or return it to the client to give to us at their next DOT visit.

TB Nurse: _____ **Ext.** _____ **1-877-464-9675** **Fax: 905-895-5450**

Diagnosis:	Sensitivities to TB Drugs: ☐ Unknown ☐ Sensitive to all first line drugs ☐ Resistant to:
Allergies: ☐ NKA	Culture: ☐ MTB ☐ Other _____ ☐ Unknown at time of visit

Recent Tests and Results

CHEST X-RAY*	____/____/____ Year Month Day	Results: * *Include report when returning form or when available.*
SPUTUM	____/____/____ Year Month Day	Results:
LIVER FUNCTION TEST	____/____/____ Year Month Day	Results:
H.I.V.	____/____/____ Year Month Day	Results:

Tuberculosis Medications Ordered

Name of Medication	Dose/Frequency	Treatment Start Date	Proposed Length of Treatment	Changes		
				Continue	Discontinue	Hold
Isoniazid			months			
Rifampin			months			
Ethambutol			months			
Pyrazinamide			months			
Pyridoxine (B6)			months			
			months			
			months			
			months			

Current DOT frequency: _____

Has length of treatment been altered? ☐ No ☐ Yes - specify: _____

Comments:

Date of Last Appointment: ____/____/____ Year Month Day

Date of Next Appointment: ____/____/____ Year Month Day

_____
Physician's Signature

The Regional Municipality of York, 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5
Tel: (905) 895-4511, 1-877-464-9675; Fax: (905) 895-5450, 1-844-209-4389; TTY: 1-866-252-9933
Internet: www.york.ca

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Current Non-Tuberculosis Medications

Medication	Dose/Frequency	Ordered By

Comments:

York Region has three designated pharmacies that dispense free tuberculosis medications.

The Tuberculosis Control Program provides free tuberculosis medication for individuals who have TB infection or active disease caused by Mycobacterium Tuberculosis organism. Free medications are not provided for active disease caused by atypical mycobacterium organisms.

Please ensure that patients are directed to the following pharmacies to fill their prescriptions:

Health+ Pharmacy (Mackenzie Richmond Hill Hospital)	**905-883-7500**
Dales Pharmacy (Markham-Stouffville Hospital)	**905-471-1234**
Centric Health Pharmacy (Southlake Regional Health Centre)	**905-830-5988**

This information is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of obtaining and maintaining a medical history to provide or assist in the provision of treatment for tuberculosis, for the purpose of case management, client follow up, monitoring and contact tracing, for the purpose of public health administration and for the provision of statistical data to the Ministry of Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Manager of Tuberculosis Control, 9060 Jane Street, 4th Floor, Vaughan, Ontario L4K 0G5, (905) 830-4444 extension 73065.