

SECTION 1 – CLIENT INFORMATION

Last Name: _____ Given Names: _____ Birth Date: _____ Sex: M F

SECTION 2 – ACCOUNTABILITY STATEMENT

Dear Dr. _____

Date: _____

We've been informed that you are treating the above-named person for Tuberculosis.

Please complete and return 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 Unknown at time of visit Other: _____

SECTION 3 – RECENT TESTS AND RESULTS

** Include report when returning form or when available.*

Chest X-Ray* Date: _____ Results: _____

Sputum Date: _____ Results: _____

Liver Function Test Date: _____ Results: _____

HIV Date: _____ Results: _____

SECTION 4 – 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)						

Current DOT frequency: Has length of treatment been altered? No Yes - specify: _____

Date of Last Appointment: _____

Date of Next Appointment: _____

Physician's Signature _____

Complete and submit pages 1 to 2

SECTION 5 – CURRENT NON-TUBERCULOSIS MEDICATIONS

Medication	Dose/Frequency	Ordered By

COMMENTS

York Region has four 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:

Pure Health Pharmacy (Mackenzie Richmond Hill Hospital)	905-883-7500
Pure Health Pharmacy (Cortellucci Vaughan Hospital)	365-922-3200
Dales Pharmacy (Markham-Stouffville Hospital)	905-471-1234
Guardian at Southlake (Southlake Regional Health Centre)	905-830-5988

This information is being 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 Program, 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5, 1-877-464-9675 extension 76000.