













Washington State TB ECHO Patient Intake Sheet

Present this case consult as if the patient is attending the session and do not include any patient identifiers.

TB ECHO#		Cor	sult Date:	Facility Name:	Managing Prov	ider:	Person Presenting:	
Continu 1 (Yana I	- Co	mation and Da	tiont Domographics				
				tient Demographics				
Please describe your primary clinical question(s) regarding the case:								
Sex at	Age:		Weight:	Race:				
Birth:					ve Hawaiian o	or other	r Pacific Islander	
Female Mala			BMI:	Asian Black or Afric	an Amaniaan			
Male			DIVII:	American Indi		Native	3	
Ethnicity:		Cou	ntry of Birth:			No	HIV Status:	
Hispanic	or	cou	in y or bir on		Unknown		Positive	
Latino					Unknown		Negative	
		Yea	Year Immigrated County of Residence:				Date of test:	
or Latino to		to U	.S.:					
C 4: 2 D		C	C •					
Section 2. Reason for Screening								





TB ECHO#	Report Date:	Facility Name:	Managing Provider:	Person Presenting:					
Section 3. Tuberculosis Risk Factors, Symptoms, and Other Conditions									
TB Signs & Symp	toms (check all tha	t apply):							
Asymptomatic		Night Sweats	_	ained Weight Loss					
	F or $\geq 38^{\circ}$ C) or								
		_							
		Duration:		71 (-)					
With Blood D V			Duration	1:					
Duration:									
Section 4. TB Testi	ing								
Asymptomatic □ FEVER (≥100°) Chills Duration: Recent Tempera □ Cough > 3 Wed □ With Blood □ V	F or ≥38°C) or uture: eks in duration With Sputum	Night Sweats Duration: Weakness or Fatigu Duration: No Appetite	Duration Chest F Duration Other S	n: Pain: n: Symptom(s):					















Washington State TB ECHO Patient Intake Sheet

TB ECHO#	Report Date:	Facility Name:	Managing Provider:	Person Presenting:			
Section 5. Radiology (Please attach report or quote report directly)							
Section 6. Treatm	ent						
Section 7. Notes							