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 #	Consult Date:	Initial Consult Date:	Facility Name:	Managing Provider:

Section 1. Case Information and Patient Demographics

Please describe your primary clinical question(s) regarding the case:

Sex at Birth:	Age:	Weight:	Race:
☐ Female ☐ Male		**BMI:**	☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native

Ethnicity:	Country of Birth:	Year Immigrated to U.S.:	History of BCG	Check and add to intake:
☐ Hispanic or Latino ☐ Non-Hispanic or Latino			☐ Yes ☐ No ☐ Unknown	BCG status: www.bcgatlas.org LTBI risk: www.tstin3d.com

Section 2. Reason for Screening

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Section 3. Tuberculosis Risk Factors, Symptoms, and Other Conditions

TB Signs & Symptoms (check all that apply):

☐ Asymptomatic
☐ FEVER (≥100°F or ≥38°C) or Chills
Duration:
Recent Temperature:
☐ Cough > 3 Weeks in duration
☐ With Blood ☐ With Sputum
Duration:

☐ Night Sweats
Duration:
☐ Weakness or Fatigue
Duration:
☐ No Appetite
Duration:

☐ Unexplained Weight Loss
Duration:
☐ Chest Pain:
Duration:
☐ Other Symptom(s):

Duration:

Section 4. TB Testing

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Section 5. Radiology (Please attach report or quote report directly)

Section 6. Treatment

Section 7. Notes

For questions please contact Washington DOH TB Program at (360) 236-3443; tbservices@doh.wa.gov . For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).