Insert Your HD Logo Here

Patient Label

 **1= voiced understanding**

TB Clinic Education/Counseling Record

 **2=limited understanding**

 **3=needs additional education**

 **4=declined education**

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| **Language used for education/counseling:** |  |  |  |  |  |  |  |  |  |  |
|  | **Initial Visit** | **1 Mo Date** | **2 Mo Date** | **3 Mo Date** | **4 Mo Date** | **5 Mo Date** | **6 Mo Date** | **7 Mo Date** | **8 Mo Date** | **9 Mo Date** |
| **WHAT YOU NEED TO KNOW ABOUT TB INFECTION** **Education Verbal Written Demo Pictures Video** **Pamphlet(s) Given:** **“ Questions & Answers about Tuberculosis” 2014, CDC** **“Get The Facts” 2016, CDC**  |  |  |  |  |  |  |  |  |  |  |
| **HIGH RISK GROUPS/FACTORS****Education Verbal Written Demo Pictures Video** **Pamphlet Given:** **“ Questions & Answers about Tuberculosis” 2014, CDC** |  |  |  |  |  |  |  |  |  |  |
| **TB AND HIV CO-INFECTION****Education Verbal Written Demo Pictures Video****Pre-HIV counseling Post-HIV counseling** **Pamphlet Given:****“What You Should Know about HIV/AIDS” (PAM-ACH-263)** |  |  |  |  |  |  |  |  |  |  |
| **WHAT YOU NEED TO KNOW ABOUT THE TB SKIN TEST AND BAMT****Education Verbal Written Demo Pictures Video****Pamphlet given:** **“What You Need to Know About the TB Skin Test” 2015, CDC** |  |  |  |  |  |  |  |  |  |  |
| **INFECTION CONTROL MEASURES****Education Verbal Written Demo Pictures Video****Pamphlet/instruction sheet (s) given:****“Protect your Family and Friends from TB: The TB contact investigation”, 2015 CDC** **“Home Respiratory Precautions for Patients with Potentially Infectious Tuberculosis”** **2010, Minnesota DH**  |  |  |  |  |  |  |  |  |  |  |
|  **COLLECTING SPUTUM****Education Verbal Written Demo Pictures Video** **Instruction Sheet Given: “Instructions for Collecting Sputum for TB”**  **2004, Minnesota D** |  |  |  |  |  |  |  |  |  |  |
| **DIRECTLY OBSERVES THERAPY****Education Verbal Written Demo Pictures Video****Pamphlet/Instruction sheet (s) given:** **Questions & Answers about Tuberculosis 2014, CDC** |  |  |  |  |  |  |  |  |  |  |

Patient Label

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|  | **Initial Visit** | **1 Mo Date** | **2 Mo Date** | **3 Mo Date** | **4 Mo Date** | **5 Mo Date** | **6 Mo Date** | **7 Mo Date** | **8 Mo Date** | **9 Mo Date** |
| **TB MEDICATIONS****Education Verbal Written Demo Pictures Video** **“Rifampin for Treatment of TB” Pam-DHS-091 KY DPH** **“Isoniazid (INH) for Treatment and Prevention of TB” Pam-DHS-090 KY DPH** **“Pyrazinamide for Treatment of TB” Pam-DHS-092 KY DPH** **“Ethambutol for Treatment of TB” Pam-DHS-093 KY DPH** **“Streptomycin for Treatment of TB” Pam-DHS-094 KY DPH** **“The 12-Dose Regimen for LTBI**  **2016, CDC** **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **SMOKING CESSATION****Education Verbal Written Demo Pictures Video****Pamphlet/instruction sheet (s) given:** **574-STOP/You Really Can Stop Smoking**  **Cooper Clayton Smoking Cessation Programs**  **Be a Quitter-Quit-Now KY**  |  |  |  |  |  |  |  |  |  |  |
| **NUTRITION****Education Verbal Written Demo Pictures Video** **Nutritional Diet Nutritional Supplements** |  |  |  |  |  |  |  |  |  |  |
| **LAWS RELATED TO TB IN KENTUCKY****Education Verbal Written Demo Pictures Video****TB Clinic DOT Consent Form**  |  |  |  |  |  |  |  |  |  |  |
| **COMMENTS** |  |  |  |  |  |  |  |  |  |  |

WEBLINKS FOR REFERENCE: <http://www.cdc.gov/tb/topic/default.htm>, <http://sntc.medicine.ufl.edu/Training.aspx>, <http://chfs.ky.gov/dph/epi/tb.htm> <http://www.health.state.mn.us/divs/idepc/diseases/tb/factssheets/homeresp.html> http://chfs.ky.gov/dph/mch/hp/tobacco.htm

**PROVIDER NAME (PLEASE PRINT) PROVIDER SIGNATURE INITIALS**

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