TB NURSING SERVICE - REFERRAL FORM

For TB Service Use Only

Copied to LH? Yes / No
Case No:

Entered onto ETS:
ETS Number:

PATIENT DETAILS

Hospital Number **Hospital Site**

Name / Address

Date of birth **Male / Female**

Telephone Number (Please add mobile number if available): **Occupation**

GP NAME / ADDRESS **Language Spoken**

CONSULTANT **WARD / DEPARTMENT**

ADMISSION DATE **DISCHARGE DATE**

SITE OF TUBERCULOSIS

Pulmonary		☐		
Pleural effusion		☐		
Intra-thoracic lymph node		☐		
Lymph node (extra-thoracic)		☐	⇒	**Site(s)……**
Bone / joint	**Spine**	☐		
	Other	☐	⇒	**Site(s) ……**
CNS:	**Meningitis**	☐		
	Other	☐	⇒	**Site(s)……**
Genitourinary		☐	⇒	**Site(s)……**
Gastrointestinal / peritoneal		☐	⇒	**Site(s)……**
Laryngeal		☐		
Cryptic disseminated / Miliary		☐	⇒	**Site(s)……**
Other		☐	⇒	**Site(s)……**

CHEMOPROPHYLAXIS (Latent TB) ☐

AAFB POSITIVE: YES / NO **CULTURE POSITIVE:** YES / NO **HIV TESTED:** YES / NO

DRUG / TREATMENT REGIME ON REFERRAL
(Drug Name / Dose / Frequency / Amount issued)

DATE TREATMENT STARTED:
Visual Acuity Tested: Yes / No

PATIENTS CURRENT WEIGHT in KG:

ADDITIONAL INFORMATION / DATE OF NEXT OUTPATIENT APPOINTMENT

Signature **Date**

Name (please print)

Please return to: TB Nursing Service Glenfield Hospital
Fax (0116) 256 3766 Tel (0116) 258 3767

FOR TB NURSES USE ONLY
CLOSE CONTACTS:

List of household members:

Contact details for next of kin?

Other priority contacts - details of children / babies / immuno-compromised adults:

OCCUPATION: Including details of workplace

(hours of work / days of the week / mode of transport / details of courses or classes attended / details of working environment; small shared office? Factory? Open plan office?)

NAME AND ADDRESS OF WORKPLACE / SCHOOL / NURSERY:

Post-code:
Contact Name & Number:

COUNTRY / PLACE OF BIRTH:

DATE OF UK ARRIVAL (if relevant):

DETAILS OF WORK OR EXTENDED TRAVEL ABROAD:

PREVIOUS TB HISTORY:

Previous Chemoprophylaxis or Treatment?
When / where?

Family History of TB?

Other TB contacts? When / where?

Previous investigation as a TB contact? When / where?

TB Nurse.....Date.....