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**  <https://www.cdc.gov/tb/publications/faqs/pdfs/qa.pdf>    **Get The Facts, 2016** <https://www.cdc.gov/tb/publications/pamphlets/tuberculosis_get_the-facts.pdf> |  |  |  |  |  |  |  |  |  |  |
| **HIGH RISK GROUPS/FACTORS**  **Education Verbal Written Demo Pictures Video**  **Pamphlet Given:**  **Questions & Answers about Tuberculosis 2014, CDC**  <https://www.cdc.gov/tb/publications/faqs/pdfs/qa.pdf> |  |  |  |  |  |  |  |  |  |  |
| **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**  <https://www.cdc.gov/tb/publications/pamphlets/tb_skin_test.pdf> |  |  |  |  |  |  |  |  |  |  |
| **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**  <https://www.cdc.gov/tb/publications/pamphlets/tb_contact_investigation.pdf>  **Home Respiratory Precautions for Patients with Potentially Infectious Tuberculosis, 2010, Minnesota DH**  [**https://www.health.state.mn.us/diseases/tb/basics/factsheets/homeresp.pdf**](https://www.health.state.mn.us/diseases/tb/basics/factsheets/homeresp.pdf) |  |  |  |  |  |  |  |  |  |  |
| **COLLECTING SPUTUM**  **Education Verbal Written Demo Pictures Video**    **Instruction Sheet Given:  “Instructions for Collecting Sputum for TB”**  **2004, Minnesota DH**  [**https://www.health.state.mn.us/diseases/tb/basics/factsheets/sputum.html**](https://www.health.state.mn.us/diseases/tb/basics/factsheets/sputum.html) |  |  |  |  |  |  |  |  |  |  |
| **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**  <https://www.cdc.gov/tb/publications/pamphlets/12doseltbitreatmentbrochure8.5x11.pdf>  **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**  [**https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/quit.aspx**](https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/quit.aspx) |  |  |  |  |  |  |  |  |  |  |
| **NUTRITION**  **Education Verbal Written Demo Pictures Video**    **Nutritional Diet Nutritional Supplements** |  |  |  |  |  |  |  |  |  |  |
| **LAWS RELATED TO TB IN KENTUCKY**  **Education Verbal Written Demo Pictures Video**  **TB-15 Clinic DOT Consent Form** |  |  |  |  |  |  |  |  |  |  |
| **COMMENTS** |  |  |  |  |  |  |  |  |  |  |

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

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