Public Health TB Clinic Referral Form

Suspect active TB? Call 303-602-7240 and ask to speak to the Charge Nurse or the Physician on call.

All fields with an asterisk are required to provide the best possible care to our patients.*

Please fax completed form to Denver Metro TB Clinic - 303 602-7263

Reason for Referral? ☐ Clearance for work , School or Immigration ☐ Evaluate for Latent TB infection ☐ Start LTBI Treatment ☐ Other_____

Referring Provider, Clinic or Hospital?

***Name** _____ ***Contact Person** _____

***Address** _____ ***City** _____ ***Zip Code**_____

***Phone** _____ Fax_____ Email _____

Preferred contact method? _____ *** Would you like to be notified of the outcome of this referral? Yes ☐ No ☐**

Patient Information

***Patient Name Last** _____ ***First** _____ ***Date of Birth** _____ ***Gender** ____

***Address** _____ Apt #_____ City _____State _____ Zip Code_____

***Best number to contact patient** _____ Last 4 digits of Social Security Number _____

Country of birth_____***Language** _____*** Interpreter needed?** Yes☐ No☐

***TB Skin Test (TST) Results:**

Date Place: _____ Date Read: _____ Size: _____ (mm)

☐ Positive☐Negative☐Not Done

***Please Check One**: ☐ QuantiFERON ☐T-Spot or ☐Not done

Date_____ Result_____

CXR reading:** ***(Please attach reading)

☐Normal ☐ Abnormal ☐ Not Done

**** Patient must bring actual CXR film/CD or any other imaging done in the last 6 months to TB appointment.***

If the patient is showing any symptoms of Tuberculosis such as cough, fever, night sweats, weight loss or fatigue, please call 303-602-7240 and ask to speak to the Charge Nurse or the Physician on call.

Screening Questions:

1. Symptoms? (please describe) _____
   _____
2. Has the patient been given any medications for this condition? ☐No ☐Yes (if Yes, please explain)
   _____
3. TB risk factors? _____
4. Any other health conditions or concerns? _____
5. Any lab work? (AFB on any fluids/ tissue, Liver function tests, CBC w/ diff.) (Please attach)_____
   _____
6. Medications currently taking (Please attach list) _____
7. HIV Status? ☐ Positive ☐ Negative ☐ Unknown