

West Virginia Department of Health and Human Resources - Division of TB Elimination
PHYSICIAN REQUESTING ADMISSION OF TUBERCULOSIS PATIENT TO STATE HOSPITAL

DATE: _____ VOLUNTARY: _____ COURT ORDERED: _____

PATIENT NAME: _____ BIRTH DATE: _____

ADDRESS: _____

SEX: _____ RACE: _____ ETHNICITY: _____ PLACE OF BIRTH: _____

OCCUPATION: _____

NORMAL WT: _____ CURRENT WT: _____ WT. LOSS PAST 6 MONTHS: _____

HIV STATUS KNOWN: _____ RECEIVING HIV TREATMENT? _____

SIGNS AND SYMPTOMS OF TB – CIRCLE ALL THAT APPLY TO PATIENT

COUGH	HEMOPTYSIS	FEVER	NIGHT SWEATS
SEVERE FATIGUE	WEIGHT LOSS	ANOREXIA	HOARSENESS

CXR RESULTS: _____

SPUTUM SMEAR/CULTURE RESULTS: _____

PREVIOUS TB TREATMENT? yes ____ no ____ WHEN: _____ WHERE: _____

DRUG USE WITHIN PAST YEAR: yes ____ no ____

INJECTING DRUG USE WITHIN PAST YEAR: yes ____ no ____

EXCESS ALCOHOL USE WITHIN PAST YEAR: yes ____ no ____ SMOKER: yes ____ no ____

HOMELESS WITHIN PAST YEAR: yes ____ no ____ PREGNANT: yes ____ no ____

OTHER RISK FACTORS: _____

TB MEDICATIONS: _____

OTHER MEDICATIONS: _____

 Health Officer Signature County

I do ____ I do not ____ recommend the applicant for admission.

 Dominic Gaziano, MD, Medical Director WV-DTBE DATE

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