

Tuberculosis Drug Record

Last Name		First Name		MI
Patient Number				
Date of Birth (MM/DD/YYYY)				
		Month	Day	Year
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asia <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black/African American <input type="checkbox"/> Biracial				
Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male				
County of Residence				
Allergies				

DRUG ORDERS				
Drug	Dosage	Date Ordered	Prescription #	Date D/C
INH				
RIF				
PZA				
EMB				

Use the table below to document the medication(s) given to the patient monthly for self-administration.

Use the reverse side to document directly observed therapy (DOT)

Date Drug Given	INH			RIF			PZA			EMB						Given By
	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	

Treatment Observer(s)

Initials	Print Name	Signature



Directly Observed Daily or Intermittent Drug Therapy Record

Patient's Name _____ DOB _____

Drug	Dosage	Frequency	Date Started	Date Stopped
INH				
RIF				
PZA				
EMB				

Sputum Conversion Date: _____ Weight: _____ Reason for prolonged therapy (if indicated): _____

Enter Dates for the week in the first column, then enter initials when meds are observed being ingested. Enter the name of the treatment observer and associated initial on the reverse side. Use key below if full dose not observed.

Enter dates for the week: example 1/5/20 - 1/11/20	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Use a new sheet if more weeks are needed.

Key: Self-Administered: **(S)** Vomited: **(V)** Held: **(H)**
 Missed Dose: **(O)** Partial Dose During Reintroduction: **(P)**

Enter dates for the week: example 1/5/20 - 1/11/20	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Key: Self-Administered: **(S)** Vomited: **(V)** Held: **(H)**
Missed Dose: **(O)** Partial Dose During Reintroduction: **(P)**