



## TB Program Patient Medication List

Patient \_\_\_\_\_

DOB \_\_\_\_\_

Drug Allergies \_\_\_\_\_

### TB Medications

Include all medications in TB treatment regimen. Make note of changes in dosage or frequency.

Medication	Dose	Route	Frequency	Start Date	Stop Date	Prescriber
Isoniazid (INH)						
Rifampin (RIF)						
Ethambutol (EMB)						
Pyrazinamide (PZA)						
Rifabutin						
Rifapentine						
Pyridoxine (VB6)						
Others:						

### Other Medications

List all additional medications, including OTCs and herbals, that client is taking. Check each medication for interaction with TB medications. Review medication list with client at each monthly assessment.

Medication	Dose	Route	Frequency	Start Date	Stop Date	Potential Interaction	Prescriber
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	
						Y <input type="checkbox"/> N <input type="checkbox"/>	

PHN \_\_\_\_\_

Date \_\_\_\_\_