



Monthly Clinical Assessment and Medication Monitoring

TB Infection (LTBI) or TB Disease (Active)

Patient _____

DOB _____

Local Agency _____

Physician _____

Date									
PH Nurse									
Clinical Assessment									
Weight									
Blood pressure									
Cough (frequency)									
Sputum production									
Night sweats									
Fever									
Appetite change/weight loss									
Medication Monitoring									
Abdominal pain									
Nausea/vomiting									
Fatigue									
Headache									
Numbness/tingling in limbs									
Rash/itching									
Jaundice (skin or eyes)									
Dark urine									
Vision/hearing changes									
Other									
Testing									
Liver function testing									
Other (sputum, CXR, etc)									