



Wyoming Department of Health  
Tuberculosis Program  
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## Tuberculosis Medication Monitoring and Clinical Assessment

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

TB Case Manager: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

TB Medication Prescriber: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

<b>Dose #</b>				
<b>Date</b>				
<b>TB Case Manager Initials</b>				
<b>Weight</b>				
<b>Blood Pressure</b>				
<b>Cough (frequency)</b>				
<b>Sputum Production</b>				
<b>Night Sweats</b>				
<b>Fever</b>				
<b>Appetite Change</b>				
<b>Weight Loss</b>				
<b>Abdominal Pain</b>				
<b>Nausea/Vomiting</b>				
<b>Fatigue</b>				
<b>Headache</b>				
<b>Numbness/Tingling</b>				
<b>Rash/Itching</b>				
<b>Jaundice (skin/eyes)</b>				
<b>Dark Urine</b>				
<b>Vision/hearing changes</b>				
<b>Live Function Tests</b>				
<b>Other (sputum, CXR, etc.)</b>				