

Tuberculosis Consultation Request

Instructions: This form is for cases of tuberculosis, drug resistance or adverse effects. Type your response, save the file and email the completed to mc_gtbi@njms.rutgers.edu. Adobe Reader 11 or Acrobat is required to save the form. A consultant will review your information and contact you by phone or email within 48 hours. If this request is urgent, please call 1-800-482-3627.

*** Required Field**

*Caller's Name (First, Last)		
Caller's Profession <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other: _____		
Occupational Setting		
*Caller's Phone	Alternate Phone	* Caller's Email
Facility Name	Address 1	Address 2
*City	*State	*ZIP
Best Contact Time	Need Answer <input type="checkbox"/> Today <input type="checkbox"/> Later than today	
*Have you called about this patient before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the 4 digit consultation number assigned to your call? _____		
*History of Present Illness		
Current Symptoms: <input type="checkbox"/> None <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Night Sweats <input type="checkbox"/> Cough x _____ wks <input type="checkbox"/> Productive Cough <input type="checkbox"/> Fever <input type="checkbox"/> Other: _____		
TB Risk Factors:		
Comments:		
*Physical Exam Findings		

Attach additional pages if necessary.

*TB Test Results						
TST	<input type="checkbox"/> Not Done	Date:	mm:	IGRA	Date:	Result:
Comments:						
*Chest X-Ray		Date:	Result:			
<i>Remove any identifying information and email digital images to mc_gtbi@njms.rutgers.edu</i>						
Comments:						
Other Radiography			Date:	Result:		
Comments:						
*Bacteriology						
Date:	Source:		SM Result:		Culture:	
Drug Susceptibility Results:						
Comments:						
*Other Labs						
Type Test:		Date:			Result:	
Type Test:		Date:			Result:	
Comments:						
*TB Treatment						
Current:						
Previous:						
Other Medications:						
Other Medical Issues:						
Comments:						
*Question(s)						
Type your question(s) for the consultant here.						

Attach additional pages if necessary.