

LTBI Patient Update for Providers

[Insert Program Name]



To: [Physician Name]

Thank you for referring ____ [Patient Name] _____ to us for further evaluation of latent tuberculosis infection. Below please find a summary of your patient's evaluation and care plan. As your patient continues to complete his/her workup and treatment, you will be sent an updated form. Thank you for this referral and for helping eliminate TB in San Francisco!

Feel free to contact us with any questions.

TB Risk Assessment

Your patient has the following risk factor(s) for TB:

- Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
- Immunosuppression, current or planned
- Close contact to someone with infectious TB disease
- Homelessness or incarceration: residence in a high-risk congregate setting including homeless shelter or correctional facility during lifetime
- Prior history of TB or LTBI treatment: _____
- Other: _____

TB Testing

Your patient had the following test and results

- TST result: _____ (mm) IGRA result: Positive Negative
- Reported having a history of a positive TST or IGRA test in the past

Radiographic Testing

Your patient had a chest x-ray performed on _____ with the following results:

- Normal/clear
- Abnormal concerning for TB: ____ [notable for] _____
- Abnormal not consistent with TB: _____
- Other _____

LTBI Treatment Outcome

Your patient was

- started on OR completed treatment with the following regimen:
 - Weekly isoniazid and rifampin for 12 weeks Isoniazid & rifampin for 4 months
 - Rifampin for 4 months Isoniazid for 9 months
 - Isoniazid for 6 months Other: _____
 - Rifampin, isoniazid, ethambutol and pyrazinamide for 2 months
- Treatment was not started, patient declined
- No indication for LTBI treatment Did not complete treatment

Please don't hesitate to contact us if you have any questions.

Signature/MD Name

Date