

State of Kansas Medical Consult Request

Epitrax/CMR Number: _____ Date: _____

Consult Request: State Medical Consultant (Dr. Minns) Heartland TB Center

Other (Specify): _____

Disease/Illness: Active TB Disease Latent TB Infection Suspect TB

M. Bovis/Other MOTT: _____ Clinical Case

Reason for Consult:

Patient Summary: Treatment Start Date: _____ RIPE Therapy: Y N

Treatment Regimen (if not RIPE): _____

Age/Gender: _____ Current weight in Kg: _____

Ethnicity/Country of Birth: _____

Comorbidities: Diabetes HIV Immunocompromised Hepatitis A/B/C

Kidney/Liver Disease Other (Specify): _____

Imaging:

Initial Chest/Body Imaging Type: X-ray CT

Other (Specify): _____

Initial Chest/Body Imaging Results: Date of Imaging: _____

Most Recent Chest/Body Imaging Type (if applicable): X-ray CT

Other (Specify): _____

Most Recent Chest/Body Imaging Results (if applicable): Date of Imaging: _____

Labs (if applicable to consult):

Date of Collection: _____

AST (SGOT): _____ ALT (SGPT): _____ HgbA1C: _____ HIV: _____

Total Bilirubin: _____

Other (Specify): _____

****Include additional/specialty pertinent labs in Narrative/Notes section (i.e. CD4 counts for HIV positive clients)****

State of Kansas Medical Consult Request

Epitrax/CMR Number: _____ Date: _____

Smear/NAAT/Culture:

****IF DRUG SENSITIVITIES (DSTs) AVAILABLE, ATTACH SEPARATE COPY OR LIST ATTACHEMENT FILE NAME IN SUPPORTING DOCUMENTS SECTION****

Type: Sputum Bronchial Wash (BAL) Pleural Fluid

Other (Specify): _____

NAAT/PCR: Positive Negative Not Done

RIF Resistance Detected: Y N Unknown

Initial: _____ Date of Collection: _____

Sample 1: (smear)_____ (culture)_____

Sample 2: (smear)_____ (culture)_____

Sample 3: (smear)_____ (culture)_____

Most Recent: _____ Date of Collection: _____

Sample 1: (smear)_____ (culture)_____

Sample 2: (smear)_____ (culture)_____

Sample 3: (smear)_____ (culture)_____

Supporting Documents: Please list file name(s) of Epitrax attachments pertaining to consult (e.g. Imaging reports, lab reports, physician notes).

Narrative/Notes/Patient Status: Provide brief summary of patient status as applicable.

For consultant/KDHE use only

Recommendations: