Northwest Territories Health and Social Services

TUBERCULOSIS DRUG TREATMENT AND PROGRESS RECORD

Surname:	**Sex: M F**
Given Name:	**HCP:**
Address:	
Phone:	**DOB:**
Doctor:	

Diagnosis:	Contact Of:	Last Mantoux: Date: Size
Date Diagnosed:	Comment:	

Medications	Duration	Date Initiated (y. m. d.)	Completion Date (y. m. d.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Ordered By:			

*Initial Date Given DOT

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Mthly	Total

	Baseline Date (all Clients)	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Completion of Treatment
Symptom Inquiry Date **Q Month** Result										
Weight Date **Q Month** Result										
Sputum for AFB Date Result										
CXR Date Result										
ESR Date Results										
CBC + Platelets Date **Q 3 Months for Rifampin** Result										
ALT/SGP T Date **Refer to manual** Result										
Serum Bilirubin Date **Q 3 Month for Rifampin** Result										
BUN & Creatinine Date **Q month while on Streptomycin** Result										
Urinalysis Date Result										
Creatinine/Uric Acid Date **Q Monthly for PZA** Result										
Audiometry Date **Q Month for Streptomycin** Result										
Visual Acuity/Colour Date **Q Month for Ethambutol** Result										
Other: Date Result										
Other: Data Result										