

REFERRAL TO ALLEGHENY COUNTY HEALTH DEPARTMENT TB CLINIC

Name of Person Referring	SEND TO: TB Clinic 425 First Avenue, 1st Floor Pittsburgh, PA 15219 Phone: (412) 578-8162 FAX: (412) 209-4463	
Referring Facility		
Address		
Phone: _____ Date: _____		
Name of Person Referred	Date of Birth	Sex
Last _____ First _____		
Street Address	Last 4 Digits of Social Security No.	
City-Boro-Town _____ State _____ Zip Code _____	Occupation	
Country of Origin _____ Date of Entry to U.S. _____	Phone - Home _____	Office _____

REASON FOR REFERRAL

1. Tuberculin skin test: Yes No

 Site (forearm): L R Date Given: _____ Date read: _____ Induration: _____ MM Read by: _____
(measure only across forearm) *name*
2. Q-Gold: Yes No

 Date Drawn: _____ Date Resulted: _____ Result Positive Negative
3. BCG Vaccination: Yes No Date(s): _____ Country of Birth: _____
4. Recent Converter: *A person whose tuberculin reaction increases ≥ 10 mm within a 2-year period of a prior test.*

 Non-significant (negative) test: Date(s): _____ MM of induration: _____
 Significant (positive) test: Date(s): _____ MM of induration: _____
5. Known Exposure to infectious TB: Yes No Unknown
6. Risk of exposure to infectious TB: Close Contact to: _____
 High Risk Environment (check all that apply): Homeless within past year Homeless ever Health Care Worker
 Resident of correctional facility ever Resident of long-term care facility currently
 Lived outside of USA for >2m consecutively Correctional Facility Employee Migrant or Seasonal Worker
7. Symptomatic (check all that apply): prolonged cough (>3wks) blood-streaked sputum chest pain
 weight loss fatigue fever night sweats swollen glands
8. Last Chest X-ray: Date: _____ Location: _____

 Official Reading: _____
9. Significant medical conditions (check all that apply): Diabetic TNF-a antagonist therapy post-organ transplant
 end stage renal disease Viral hepatitis (B or C only)
 Other Immunocompromise (other than HIV/AIDS)

PLEASE HAVE PATIENT BRING ACTUAL FILM OR DISC WHEN THEY COME TO OUR TB CLINIC.