






Name \_\_\_\_\_ Date \_\_\_\_\_

I consent to treatment for my tuberculosis exposure, latent TB exposure, and/or active TB disease with the following drugs: (Check box for drug client is on)

Medications	Things That May Happen:	Comments
<input type="checkbox"/> <b>Isoniazid</b> (INH)	Very tired; loss of appetite; dark urine; light colored bowel movement; yellow eyes and skin; tingling hands and feet; flushing; sweating or headache after a meal.	 <b>Caution:</b> Avoid taking with food. Don't drink alcohol. Avoid using Tylenol (acetaminophen). No antacids within 2 hours.
<input type="checkbox"/> <b>Rifampin (RIF)</b> <input type="checkbox"/> <b>Rifapentine</b> <input type="checkbox"/> <b>Rifabutin</b>	Very tired; loss of appetite; dark urine; light colored bowel movement; yellow eyes and skin; flu-like symptoms; heartburn; bruising; vision changes (Rifabutin only). <b>Will turn body fluids orange (tears, urine, sweat).</b>	 <b>Caution:</b> Avoid taking with food. Don't drink alcohol. <b>Birth control pills, shots, IUD, implant or ring may not work; use another method, such as condoms.</b> May discolor soft contact lenses.
<input type="checkbox"/> <b>Pyrazinamide</b> (PZA)	Very tired; loss of appetite; light colored bowel movement; yellow eyes and skin; joint aches; nausea; rash.	 <b>Caution:</b> Don't drink alcohol. Avoid using Tylenol (acetaminophen).
<input type="checkbox"/> <b>Ethambutol</b> (EMB)	Difficulty seeing red and green colors, as they may look gray; vision changes; rash.	 <b>Caution:</b> If you notice any vision changes, tell your healthcare provider immediately.
<b>Fluoroquinolone:</b> <input type="checkbox"/> <b>Moxifloxacin</b> <input type="checkbox"/> <b>Levofloxacin</b> <input type="checkbox"/> <b>Ciprofloxacin</b>	Nausea and bloating; headache; dizziness; pain, swelling or tearing of the tendon; muscle or joint pain; heart palpitations.	 <b>Caution:</b> Avoid taking within 2 hours of ingestion of milk-based products, antacids or vitamins. <b>Call healthcare provider immediately if you experience tendon, muscle, or joint pain.</b>

These possible side effects have been fully discussed with me by the physician and/or nurse. The benefits of this therapy have been explained to me, as well as the importance of taking the medication(s) regularly and consistently as recommended. I also understand that Directly Observed Therapy (DOT), where the nurse or an agreed upon responsible person watches me swallow my medication, is a nationally recognized standard of therapy.

I understand that most people can take the medication(s) without difficulty, but if I should develop any of the symptoms listed above, I am to contact \_\_\_\_\_ at \_\_\_\_\_

and ask to speak with a nurse. **I AM NOT TO WAIT UNTIL MY NEXT CLINIC APPOINTMENT**, but am to call right away for instructions for follow-up of my symptoms.

I have read this form or have had it explained to me. I have had an opportunity to ask my health care provider questions about my treatment and received a copy of my treatment plan. I understand the benefits and risks of taking these medications. I agree to take my Tuberculosis medications as directed.

\_\_\_\_\_  
Signature of person accepting treatment (or parent or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of Health Professional Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Professional Witness (print)

\_\_\_\_\_  
Health Dept.