

October 2019



**West Virginia Department of Health and Human Resources –
Division of TB Elimination
PHYSICIAN REQUESTING ADMISSION OF TUBERCULOSIS PATIENT TO STATE HOSPITAL**

DATE: _____ VOLUNTARY: _____ COURT ORDERED: _____

PATIENT NAME: _____ BIRTH DATE: _____

ADDRESS: _____

SEX: _____ RACE: _____ ETHNICITY: _____ PLACE OF BIRTH: _____

OCCUPATION: _____

NORMAL WT: _____ CURRENT WT: _____ WT. LOSS PAST 6 MONTHS: _____

HIV STATUS KNOWN: _____ RECEIVING HIV TREATMENT? _____

SIGNS AND SYMPTOMS OF TB – CIRCLE ALL THAT APPLY TO PATIENT

COUGH	SWEATS	ANOREXIA
HEMOPTYSIS	SEVERE FATIGUE	HOARSENESS
FEVER NIGHT	WEIGHT LOSS	

CXR RESULTS:

SPUTUM SMEAR/CULTURE RESULTS: _____

PREVIOUS TB TREATMENT? yes ___ no ___ WHEN: _____ WHERE: _____

DRUG USE WITHIN PAST YEAR: yes ___ no ___

INJECTING DRUG USE WITHIN PAST YEAR: yes ___ no ___

EXCESS ALCOHOL USE WITHIN PAST YEAR: yes ___ no ___ SMOKER: yes ___ no ___

HOMELESS WITHIN PAST YEAR: yes ___ no ___ PREGNANT: yes ___ no ___

OTHER RISK FACTORS: _____

Health Officer Signature

County

I do _____ I do not _____ recommend the applicant for admission.

Sandra y. Elliott, MD - Medical Director WV-DTBE

DATE