

**TB PATIENT INTAKE FORM**  
**TB Contact: 713-439-6214 / Fax: 713-439-6391**

Referring Physician/Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Physician's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Person Completing Form: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_\_  
 Marital Status:            S        M        D        W  
 Race: White Black/African American Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native  
 Sex: Male Female  
 Country of Birth: \_\_\_\_\_ Date of Entry to US: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Preferred Language: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 TB Medication start date and Dosages: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

**FAX THE LISTED MEDICAL INFORMATION:**

- Weight \_\_\_\_\_ lbs.
- First and last Chest X-ray/Chest CT Results
- PPD Skin Test Results if available
- Medication Administration Record (MAR) – signed by nurse for TB medications administered with start and stop dates of TB medication if available
- History and Physical and/or Progress Notes (if Inpatient)
- Discharge Summaries
- Lab Reports:
  - a. Sputums: All Smears and Culture Results
  - b. Biopsy Results
  - c. Bronchoscopy Results
  - d. Drug Susceptibility Results if available
  - e. HIV Results (including CD4/Viral Load)
  - f. Liver Function Studies

This requested protected health information is made in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations 45 CFR §164.512 (b). This privacy rule permits covered entities to disclose protected health information, without authorization, to public health authorities that are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This request is also in accordance with the Texas Medical Records Privacy Act (TEX. HEALTH & SAFETY CODE §181.103. Disclosure of Information to Public Health Authority). **THIS ACT ALLOWS A COVERED ENTITY TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF THE INDIVIDUAL FOR PUBLIC HEALTH ACTIVITIES.**

