

Anchorage Health Department Tuberculosis (TB) Clinic Referral Form



Anchorage
Health
Department

Call to report suspected active TB to State of Alaska Section of Epidemiology at 907-269-8000
Please fax completed referral form to the Anchorage Health Department TB Clinic (907)-249-7992
All fields with an asterisk are required to provide the best possible care to our patients.*

Reason for Referral Clearance for work, School or Immigration Evaluate for Latent TB Infection Start LTBI Treatment
Other _____

Referring Provider, Clinic or Hospital?

*Name _____ *Contact Person _____
*Address _____ *City _____ *Zip Code _____
*Phone _____ Fax _____ Email _____
Preferred contact method? _____ *Would you like to be notified of the outcome of this referral? Yes No

Patient Information

*Patient Name: *Last _____ *First _____ *Date of Birth _____ *Gender _____
*Address _____ Apt# _____ City _____ State _____ Zip Code _____
*Best number to contact patient _____ Last 4 digits of Social Security Number _____
Country of birth _____ *Language _____ *Interpreter needed? Yes No

*IGRA Results: *Please Check One

QuantiFERON T-Spot or Not done

Date: _____ Result _____

*CXR reading: (Please attach reading)

Normal Abnormal Not done

***Patient must bring actual CXR film/CD or any other imaging done in the last three (3) months to TB appointment**

*TB Test Results:

Date Place: _____ Date Read: _____ Size: _____ (mm)

Positive Negative Not Done

If the patient is showing any symptoms of TB such as cough, fever, night sweats, weight loss or fatigue, please call (907) 727-7536 to speak to the TB Nurse.

Screening Questions:

1. Symptoms? (please describe) _____
2. Has the patient been given any medications for this condition? No Yes (if Yes, please explain) _____
3. TB risk factors? _____
4. Any other health conditions or concerns? _____
5. Any lab work? (AFB on any fluids/tissue, liver functions test, CBC w/diff.)(Please attach) _____
6. Medications currently taking (Please attach list) _____
7. HIV status? Positive Negative Unknown