



CITY OF LONG BEACH
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TB CONTROL PROGRAM
 2525 Grand Avenue, Long Beach, CA 90815
 CONTACT PERSONS: Emma Kursar, PHN (562) 570-4235, Jennifer Umayam, PHN (562) 570-4368, Debra Smith, RN (562) 570-4283
 FAX NUMBER: (562) 570-4391

TUBERCULOSIS DISCHARGE CARE PLAN

Patient Name: _____ Discharge Address: _____
 D.O.B: _____ MR#: _____ Phone: _____ Message Phone: _____
 Ethnicity: _____ Language Spoken: _____
 Discharge to: Home Shelter SNF Jail/Prison Other _____
 Discharge from: _____ Tentative date of discharge: _____
 Contact person filling out form: _____ Phone #: _____

BACTERIOLOGY

Date	Source of Specimen	AFB Smear Concentrate	AFB Culture

FOLLOW-UP CARE

Physician of care after discharge: _____ Phone#: _____

DISCHARGE TB MEDICATION REGIMEN

Number of days of Medication Supply _____ (There must be enough to get patient through follow-up appointment.)

	Date Started	Does this patient require Directly Observed Therapy (D.O.T.) by the Health Department?
IHN _____ mg	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifampin _____ mg	_____	
Ethambutol _____ mg	_____	
Pyrazinamide _____ mg	_____	
B6 _____ mg	_____	
Other _____ mg	_____	
Other _____ mg	_____	

CONTACT INFORMATION/HOUSEHOLD COMPOSITION

Number of people in household _____ Any Children age 5 and younger? _____ Any immunocompromised individuals? _____

WHEN COMPLETED, FAX TO LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES (562) 570-4391

FOR TB CONTROL USE ONLY

Reviewed by: _____ Discharge Approved
 Date of review: _____ Yes No
 Comments: _____ Date: _____ / _____ / _____

