



OUTPATIENT RULE-OUT TUBERCULOSIS REFERRAL FORM

1. Client's Name (Last, First MI):			2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth (mm/dd/yyyy):	4. Social Security Number:	5. Phone Number:		
6. Parent/Guardian (if minor):		7. P/G Phone Number:		
8. Client Home Address (Number & Street):		City:	State:	ZIP:

9. Referred To: Florida Department of Health-Bay County Tuberculosis Program 597 West 11 th Street Panama City, Florida 32401 850-252-9546 Medical Records Confidential Fax: 850-747-5475							
10. Referring Provider/Agency:	11. Name of Person Making Referral:						
12. Referring Office Mailing Address:	City: State: ZIP:						
13. Referring Office Phone Number:	14. Referring Office Fax Number:						
15. Reason for Referral/Notes to Referral Agency: <p>Patient does not meet admission criteria for inpatient rule-out TB protocol. Please rule-out TB as an outpatient. To minimize community exposure, the patient has been instructed NOT to go to the health department, but to stay home until contacted by health department TB staff.</p> <p>I understand this referral will result in all six of the following services being provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. In-home evaluation.</td> <td style="width: 33%;">3. IGRA</td> <td style="width: 33%;">5. Sputum for AFB x 3</td> </tr> <tr> <td>2. At-home isolation.</td> <td>4. Chest X-ray</td> <td>6. Start four-drug therapy.</td> </tr> </table>		1. In-home evaluation.	3. IGRA	5. Sputum for AFB x 3	2. At-home isolation.	4. Chest X-ray	6. Start four-drug therapy.
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_____ Referring Physician's Signature Date							

16. Response to Referral Originator: Client Contacted By DOH-Bay Staff On (date): _____ (check applicable) <input type="checkbox"/> Evaluation determined no intervention needed. <input type="checkbox"/> LTBI therapy started. <input type="checkbox"/> Therapy for active TB initiated.	
_____ DOH-Bay TB Program Representative Signature Date	
17. Original mailed to doctor's office _____ by _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (date) (signature) </div>	