BC Centre for Disease Control
Provincial Health Services Authority

Tuberculosis Adherence and Medication Re-Order Form

Client Name Last First	Date of Birth YYYY/MM/DD

Health Card #	Client ID	Allergies	Weight (kg)

Treatment Regimen – Select One

☐ TB Disease (Active)
☐ TB Preventive Treatment (TPT)
☐ Non-Tuberculous Mycobacterium (NTM)

Treatment Start Date
YYYY/MM/DD

Shipping Location Address

Fax

Assessment

Comments related to adherence (e.g., interruptions, side effects, concerns) or requests (e.g., travel supply, blister pack) for medication supply.

Medication Adherence & Re-Order Request

Date Dispensed YYYY/MM/DD	Phase of Treatment	Drug name in full * (No abbreviations)	Adherence Period (Doses / Days)	Re-Order	
				Yes	No ϴ
2023/01/01	Month 1	Drug Name ____ mg BCD-1111111	28 / 30	✓	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

*Include Rx number, located on prescription label after "Rx" (e.g., BCD-7-digit number)
ϴ Check "No" for end of treatment or completion of medication (e.g., 2 months ethambutol done)

Instructions

- Ensure to fax completed form to the TB Services Program serving your area.
- Fax a new form for each medication re-order, usually every 1-2 months.
- Fax this form with the Treatment Completion Form at end of treatment.

BC Centre for Disease Control	First Nations Health Authority	Island Health
(604) 707-2690	(604) 689-3302	(250) 519-1505