BC Centre for Disease Control
Provincial Health Services Authority

TB Treatment Completion Form

Client Name			
LAST		FIRST	
Health Card Number or **Client ID**		**Address of Health Centre / Health Unit**	
Date of Birth YYYY/MM/DD		**Fax**	
Treatment Regimen	☐ TB Disease (Active)	☐ Non-Tuberculous Mycobacterium (NTM)	TB Preventive Treatment (TPT) ☐ Rifampin 4 months ☐ Isoniazid & Rifapentine 12 weeks ☐ Isoniazid 9 months
Treatment Dates	**Start Date** YYYY/MM/DD		**End Date** YYYY/MM/DD

Major Mode of Treatment	☐ Directly Observed Therapy (DOT) ☐ Directly Observed Preventive Therapy (DOPT) ☐ Self-Administered Therapy (SAT)
Treatment Outcome (not required for NTM)	# doses taken ____ (divided by) # days ____ (=) _____ treatment adherence (%) Comments:
Reason Treatment Ended	☐ Adherent ☐ Left BC – within Canada ☐ Non-adherent ☐ Deceased ☐ Left Canada ☐ Other: ___________ ☐ Drug Reaction / Intolerance ☐ Lost to follow-up ☐ Unknown
End of Treatment CXR	TPT: Confirm TB Services (TBS) recommends an exit CXR. ☐ Yes, a CXR is indicated, and a requisition was provided to client CXR Date _______________ (YYYY/MM/DD) Location ___________________ ☐ No, an exit CXR is not recommended
	TB Disease (Pulmonary): Prior to stopping treatment, confirm end of treatment date with TBS ☐ Yes, a CXR was completed in the last month of proposed treatment Date _______________ (YYYY/MM/DD) Location ___________________
Treatment Summary	Reason for TB screening ________________________________ Changes in prescription No ☐ Yes ☐ ________________________________ Interruptions No ☐ Yes ☐ ________________________________ Unresolved side effects No ☐ Yes ☐ ________________________________ Ongoing AST elevation No ☐ Yes ☐ ________________________________ Barriers to successful treatment No ☐ Yes ☐ ________________________________

Instructions

- Clients with abnormal AST at the end of treatment need weekly ASTs until result returns to baseline.
- Fax completed form along with the final TB Adherence and Medication Re-Order Form to the TB Services Program serving your area.

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