

Client Surname: _____
 Given Name: _____
 DOB: _____ DD/MMM/YYYY
 Gender: _____
 MHSC# _____
 PHIN # _____
 ADDRESS: _____
 PHONE _____

Population and Public Health
Referral to Tuberculosis Services
 Fax 204-957-0884 Phone 204-940-2274

CLIENT INFORMATION - Attach Demographic Sheet

Temporary contact information: _____
 Languages (preferred): English French Other: _____ Interpreter: yes no
 Allergies: _____ None known
 Client or legal decision maker aware of referral: yes no

PURPOSE OF REFERRAL (Check \checkmark all that apply) *requires two business days to coordinate service

- Public Health Tuberculosis Case Management
 Home Isolation Assessment Request (See Home Isolation [Guideline](#))
 Directly Observed Treatments *requires prescription/orders to proceed with directly observed treatments.
 Other:

Attach applicable documents (see referral form completion guidelines):

- Demographic sheet Clinical notes Physician order sheet Blood requisition(s)
 Prescription Pathology report Radiology requisition Radiology report
 Microbiology requisition Microbiology report C.A.R.E Alert Other:

DIAGNOSIS – Attach diagnostic lab report(s)

- | | |
|--|--|
| <input type="checkbox"/> Confirmed Case
<input type="checkbox"/> Clinical Case
<input type="checkbox"/> Window Period Prophylaxis (WPP)
<input type="checkbox"/> Latent Tuberculosis Infection (LTBI) | Tuberculin skin test
TST: _____ (mm) Date read: _____
<small>DD/MMM/YYYY</small> |
| | Interferon Gamma Release Assay
IGRA: _____ Date read: _____
<small>+ / - / INDETERMINATE DD/MMM/YYYY</small> |

Additional Comments:

REFERRAL SOURCE Date of Referral: (DD/MMM/YYYY)

Referring Practitioner: _____ Phone: _____
 Address: _____ Fax: _____
 Referral date: _____ (DD/MMM/YYYY)

TO BE COMPLETED BY PUBLIC HEALTH:

- Assessed suitable for home isolation Further information required

Comments: _____

 PRINTED NAME SIGNATURE AND DESIGNATION
 Phone number: _____ Date: _____



**TUBERCULOSIS SERVICES
REFERRAL FORM
COMPLETION
GUIDELINE**

Form name: Population and Public Health Referral to Tuberculosis Services	Form Number:
Approved by: <i>WRHA Integrated TB Services (ITBS) Oversight Committee</i>	Target review date: <i>January 2022</i>
Approval Date: <i>January 14, 2019</i> Updated:	Supersedes: n/a

Form Purpose: The purpose of the Population and Public Health (PPH), Tuberculosis (TB) Services referral form is to enhance communication, facilitate appropriate transfer of care to community and ensure PPH TB has the necessary information to provide safe client centred care. This form is to be used for inpatient, outpatient, and community referrals to PPH TB Services.

This form is to be completed for all active TB cases and Home Isolation referrals.

Exception: *children who were referred by PPH TB to Pediatric TB Clinic for assessment for LTBI or WPP.*

Background: PPH TB Services delivers a range of TB related services in the community for people with active TB disease, latent TB infection, and contacts.

Used by: The Referral Form is to be used by health care providers for inpatient, outpatient and community referrals to PPH TB Services.

Guideline for Completion: Complete all applicable sections of the referral. If information is included on a document that is attached to the referral, it does not need to be repeated.

Demographic Information: Client demographic and identifying information is to be entered in the top right hand corner of the form. Indicate whether the client is aware that a referral to PPH TB Services has been made.

Client Information: Provision of alternate locating or identifying information to arrange services. Identify preferred language, need for interpreter services and known allergies.

Purpose of Referral:

- Public Health Tuberculosis Case Management is community and public health support of active cases. This often includes client support, DOT, and contact investigations.
- Home Isolation Assessment Request (see Appendices for link to home isolation guideline) is required for public health to assess suitability for home isolation and to arrange for delivery of care.
- Directly Observed Treatments for clients from other jurisdictions needing observed therapy while in Winnipeg, and pediatric Immigration Refugees and Citizenship Canada (IRCC) referrals. Clients from other jurisdictions, outside of the Winnipeg Regional Health Authority (WRHA) & First Nations & Inuit Health Branch (FNIHB) require current orders and/or prescriptions to proceed with medication-related service requests.
- Other to be used when requesting PPH TB services not defined in above categories. This form is also used for discharge planning of clients already on PPH TB case management who are hospitalized during their course of treatment and need to be transferred back to community for public health support and DOT. New medical orders will be required.

Applicable Documents:

- Demographic Sheet to be provided for every referral.
- Prescription to be provided only for client is outside of the WRHA & FNIHB and directly observed treatment is requested.
- Microbiology/Radiology/Blood requisition is required for PPH TB Services to facilitate follow up of same.

- C.A.R.E. Alert is required if one is in place.
- Clinical Notes required for all new cases.
- Pathology/Microbiology/Radiology reports required when case is diagnosed based on report.
- Physician order sheet required for all new cases.

Diagnosis: Check the box that applies to the referral. If a confirmed or clinical case, include the diagnostic lab report. Provide TST/IGRA results when known.

Additional Comments: If comments require additional space can also attach an Integrated Progress Note.

Referral Source: Referring practitioner to provide contact information. Referral date is the date referral is faxed to PPH TB Services.

To be completed by Public Health: PPH TB Services will respond to all referrals by completing this section and faxing back. If comments require additional space, an Integrated Progress Note will be attached.

Definitions:

- Tuberculin skin test (TST) - is used to identify whether a person has delayed-type hypersensitivity reaction to tuberculin antigens in the diagnosis of active TB.
- Interferon gamma release assay (IGRA) - In-vitro T-cell based assays that measure interferon- γ (IFN- γ) production for the diagnosis of latent TB infection.
- Acid Fast Bacteria (bacilli) (AFB) – Microorganisms that are distinguished by their retention of specific stains even after being rinsed with an acid solution.
- Polymerase Chain Reaction (PCR) – Method of nucleic acid amplification

Appendices:

Home Isolation Guideline

<http://www.wrha.mb.ca/extranet/publichealth/files/HomeIsoTBPrcGdl.pdf>

Manitoba TB Prescriptions

<http://www.gov.mb.ca/health/publichealth/factsheets/activetb.pdf>