



## Population and Public Health Tuberculosis Services Referral Form

WRHA PPH TB Services: Fax 204-957-0884 Phone 204-940-2274

<b>CLIENT INFORMATION – Demographic Sheet Attached:</b> <input type="checkbox"/> YES																																									
Temporary Contact Information: _____																																									
<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____ Interpreter: <input type="checkbox"/> YES <input type="checkbox"/> NO																																									
Client and/or Representative Aware of Referral: <input type="checkbox"/> YES <input type="checkbox"/> NO																																									
Name and Contact Information of Representative (if applicable): _____																																									
<b>PURPOSE OF REFERRAL (Check ✓ all that apply) PPH TB Services requires two business days to coordinate service</b>																																									
<input type="checkbox"/> Public Health Tuberculosis Case Management • Home Isolation Assessment Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <small>NOTE: Home Isolation criteria includes (but not limited to): client lives in a suitable dwelling – congregate settings (hotels, shelters, etc.) are not suitable, client received home isolation education and able to follow plan, client has adequate supports (e.g., grocery shopping, access to phone), Directly Observed Treatment arranged by Public Health, household contacts less than 5 years of age have been assessed/plan for assessment for Window Period Prophylaxis. See Home Isolation Guideline at: <a href="https://professionals.wrha.mb.ca/old/extranet/publichealth/services-tuberculosis.php">https://professionals.wrha.mb.ca/old/extranet/publichealth/services-tuberculosis.php</a></small>																																									
<input type="checkbox"/> Directly Observed Treatment/Directly Observed Preventative Treatment <i>Requires prescription/orders to proceed.</i> <small>Manitoba TB Prescriptions at: <a href="https://www.gov.mb.ca/health/publichealth/diseases/tuberculosis.html">https://www.gov.mb.ca/health/publichealth/diseases/tuberculosis.html</a></small>																																									
<input type="checkbox"/> Other																																									
<b>ATTACH APPLICABLE DOCUMENTS (see referral form completion guidelines):</b>																																									
<b>Forms:</b> <input type="checkbox"/> C.A.R.E Alert <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Demographic Sheet <input type="checkbox"/> Physician Order Sheet <input type="checkbox"/> Prescription <b>Reports:</b> <input type="checkbox"/> Microbiology Report <input type="checkbox"/> Pathology Report <input type="checkbox"/> Radiology Report <b>Requisitions:</b> <input type="checkbox"/> Blood Requisition(s) <input type="checkbox"/> Microbiology Requisition <input type="checkbox"/> Radiology Requisition <input type="checkbox"/> Other:																																									
<b>DIAGNOSIS:</b>																																									
<input type="checkbox"/> Confirmed Case <input type="checkbox"/> Clinical Case (attached diagnostic/lab reports) <input type="checkbox"/> Latent Tuberculosis Infection <input type="checkbox"/> Window Period Prophylaxis	Tuberculin Skin Test <b>TST:</b> _____ (mm) <b>Date Read:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> Interferon Gamma Release Assay <b>IGRA:</b> _____ <b>Date Read:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> <small>+/- / INDETERMINATE</small>											D	D	M	M	M	Y	Y	Y	Y	Y											D	D	M	M	M	Y	Y	Y	Y	Y
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D	D	M	M	M	Y	Y	Y	Y	Y																																
<b>Additional Comments - Integrated Progress Note Attached:</b> <input type="checkbox"/> YES																																									
<b>REFERRAL SOURCE:</b>																																									
Referring Practitioner: _____ Phone: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]																																									
Address: _____ Fax: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]																																									
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<b>Comments - Integrated Progress Note Attached:</b> <input type="checkbox"/> YES																																									
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Legend: mm - millimetre PPH – Population and Public Health TB - Tuberculosis