TORONTO

Dr. Elizabeth Rea
Associate Medical Officer of Health

Dr. Eileen de Villa
Medical Officer of Health

Reply: Toronto Public Health
277 Victoria Street, 10th Floor, Unit T
Toronto, Ontario M5B 1W2
Tel: 416-392-7457
Fax: 416-338-8149

Notification of Active Tuberculosis Disease

Patient's Surname	Given Names	Sex ❑ M ❑ F ❑ Other	DOB Y_____M_____D_____	OHIP#
Address:	Postal Code	Home Telephone # ( )	Bus. Telephone # ( )	Cell Telephone # ( )
Hospital Admission ❑ Yes ❑ No	Name of Hospital		Admission Date Y_____M_____D_____	Discharge Date Y_____M_____D_____

Family Physician:	Telephone number:

Diagnosis

Date Y _____ M _____ D _____

❑ Pulmonary ❑ Primary Pulmonary
❑ Pleural ❑ Skin
❑ Miliary ❑ Abdominal
❑ Bone/Joint ❑ C.N.S.
❑ Genito-urinary ❑ Lymph Node
❑ Other (specify): _____

Has the Diagnosis been discussed with the client?
❑ Yes ❑ No

Symptom Onset

Date: Y _____ M _____ D _____

Method of Detection

❑ Immigration ❑ Contact
❑ Routine Check-up
❑ Symptoms – (specify)
❑ Cough >3weeks ❑ Hemoptysis ❑ Fever/Chills ❑ Night sweats
❑ Loss of appetite ❑ Unexplained weight loss ❑Fatigue

History

❑ New Active ❑ Previously Treated TB (documented treatment)

Date previously diagnosed:_____
Country previously diagnosed in: _____
Previous Treatment Regimen:_____

CHEST X-RAY (within the last 3 months):

(Please attach CXR Report)

Date: Y ____ M ____ D ____

❑ Normal ❑ Cavitary ❑ Non-Cavitary _____

Lab Results *Please attach copy of pathology report

Test	Specimen	Result	Date
Smear			
PCR			
Culture			
***Pathology**			
Other:			

Patients with TB/HIV co-infection are diagnosed every year in Toronto. All TB patients should be tested for HIV.

HIV Test Date: _____ Result: _____

Was this case discovered after death? ❑ Yes ❑ No
If Yes: Date: Y ____ M ____ D ____
❑TB – Cause of death ❑TB – Incidental Finding
❑TB Contributed but not cause of death

TB Medication is FREE through Public Health: Current Weight _____kg

Description	Strength Available	Quantity per Bottle	Prescription	Total Number of weeks (TPH will Dispense)
Isoniazid Tablet (or syrup)	300 mg	100	**Standard dosage:** ❑ 300 mg oral daily	
	100 mg	100	**Other dosage:** ❑ _____ mg oral _____	
	50 mg/5ml (syrup)	500 ml		
Pyridoxine Hydrochloride (B6) Tablet	25 mg	100	**Standard dosage:** ❑ 25 mg oral daily **Other dosage:** ❑ _____ mg oral _____	
Rifampin Capsule	300 mg	100	**Standard dosage:** ❑ 600 mg oral daily	
	150 mg	100	**Other dosage:** ❑ _____ mg oral _____	
Pyrazinamide Tablet	500 mg	120	**Weight based dosage** ____ mg oral _____ **Adult** 20-25 mg/kg daily **Child** 30-40 mg/kg (max. 2 g) daily	
Ethambutol Hydrochloride Tablet	400 mg	100	**Weight based dosage** ____ mg oral _____ **Adult** 15-20 mg/kg daily	
	100 mg	100	**Child** 15-25 mg/kg (max. 1600 g) daily	

Treating Physician (please print):
Name: _____
Address: _____
Tel: _____

Date: Y _____ M _____ D _____
Signature: _____
Billing #: _____
Next scheduled appointment: _____

Personal information on this form is collected under the authority of the Health Protection and Promotion Act [H.P.P.A] and the reports regulation of the H.P.P.A. Questions about this information may be directed to a TB Manager by telephone at 416-338-7600. *Revised Dec.2019*