



Clinical Assessment for TB Disease in Individuals Seeking Admission to LTC, PCH & CCH

Dear Healthcare Provider,

The client below has screened positive for unexplained symptoms on question 1 of the Long-Term Care, Personal Care, and Community Care Home Admission TB Disease Risk Assessment (see attached).

Please complete the following:

- Conduct a clinical assessment to determine if an alternate diagnosis is more likely than TB disease to explain the client's symptoms.
- Order a chest X-ray. If the chest X-ray or clinical suspicion is high for TB disease, please order 3 sputum cultures for acid fast bacilli (AFB), 8 hours apart.

If an AFB culture **is positive or cannot be obtained**, refer the client to Adult Infectious Diseases or Respiriology for assessment/treatment for TB disease. A client suspected to have TB disease **should not be admitted** until 3 sputum cultures or one bronchoscopy culture for acid fast bacilli is negative for Mycobacterium tuberculosis.

Client Profile

Name: _____
Last First Middle Preferred
Address: _____ Postal Code: _____
Telephone: _____
MCP: _____ Date of Birth (YYYY/MM/DD): _____

Outcome of Assessment

Consent for Release of Information

I hereby consent to the release of this information to facilitate determination of the appropriate level of care and services to meet my medical needs (Signature of substitute decision maker** where client is incapable).

Name: _____ Signature: _____ Date (YYYY/MM/DD): _____
Witness Name: _____ Signature: _____ Date (YYYY/MM/DD): _____

Physician or Nurse Practitioner Completing Form

Name: _____ Signature: _____ Date (YYYY/MM/DD): _____
Address: _____
Telephone: _____

**Substitute Decision Maker: The person appointed under the Advance Health Care Directives Act, SNL1995 c.A-4.1 to make health care decisions on behalf of a client. Where a person is consenting on behalf of a client, the person must be the substitute decision maker.