

LTBI CLINIC FLOW SHEET

NAME _____

DOB _____

6 mos. 9 mos

FU: Routine Enhanced

DATE						
Weight	BP:	Wt:				
LMP/BCM/Breast Feeding						
General Health						
Fatigue/Weakness						
Nausea/Vomiting						
Decreased Appetite/Anorexia						
Abdominal Pain						
Jaundice/Dark Urine						
Tingling or Numbness						
Skin Rash						
Headache/Blurred Vision						

Pill Count	#in bottle	#in bottle	#in bottle	#in bottle	#in bottle	#in bottle
INH _____ mg	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____
B6 _____ mg	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____	mg _____ #disp _____ Lot# _____ Exp _____
New Meds						
Lab/Radiol.						
RTC						
Provider Sig.						