Saskatchewan Health Authority

TB Prevention and Control Saskatchewan

SK Toll Free 1-866-780-6482

Saskatoon	Tel. 306-655-1740 | Fax 306-655-1495
Prince Albert	Tel. 306-765-4260 | Fax 306-765-4264
Regina	Tel. 306-766-4311 | Fax 306-766-4710

TUBERCULOSIS REFERRAL

TBPC Use Only – TBIS #

Referring Physician/Nurse Practitioner	Phone	Fax	Referral Date (y/m/d)

☐ Urgent referral → consult TB physician on-call 306-655-1000 ☐ Routine referral

CLIENT DEMOGRAPHICS

Last name	First name	Middle name	Other name(s)

Date of birth (y/m/d)	Provincial health number	Phone (home)	(work)	(cell)

Home address	City/Town/Community	Postal Code	Province/Territory
Mailing address (if different than home address)	**City/Town/Community**	**Postal Code**	**Province/Territory**

Next of kin name	Next of kin relationship	Next of kin phone

Gender	Country of birth	Country of origin prior to arrival in Canada	Date of arrival

Is interpretation and translation required? ☐ No ☐ Yes → language(s):

REASON FOR REFERRAL

☐ Query active TB → urgent referral, consult TB physician on-call 306-655-1000
☐ Assessment for treatment of latent TB Infection
☐ Tuberculin skin test only → Reason for skin test if requested: ________________________________
☐ Tuberculin skin test and TB physician consult if test positive → Reason for skin test if requested: ____________________
☐ Other

HISTORY

BCG vaccine ☐ Unknown ☐ No ☐ Yes →Date if known (y/m/d): →BCG scar? ☐ Yes ☐ No ☐ Unknown

Tuberculin skin tests Date: Result: Date: Result:

IGRA Date: Result: ☐ Positive ☐ Negative ☐ Indeterminate

Chest X-Ray ☐ No ☐ Yes → Date: → ☐ Available on PACS or other (specify):

Symptoms ☐ None ☐ Cough (productive) ☐ Cough (non-productive) ☐ Fatigue ☐ Fever ☐ Hemoptysis ☐ Night sweats ☐ Weight loss
☐ Other (specify):

Sputum for AFB x 3 requested? ☐ No ☐ Yes Note: Collect sputum if symptomatic, HIV positive, or abnormal CXR. Request TB PCR.

Risk factors (tick all that apply)

☐ None
☐ Alcohol use – amount: ____________________________
☐ Anti-TNF/biologic/immunosuppressive drug therapy
☐ Cancer of head and neck
☐ Cancer and on chemotherapy or stopped in last month
☐ End-stage renal disease and hemodialysis
☐ Diabetes
☐ Fibronodular disease on CXR
☐ Granuloma on CXR
☐ HIV
☐ Less than 5 years of age
☐ Organ transplant
☐ Silicosis
☐ Steroid therapy
☐ Tobacco use – amount: _______________
☐ TST conversion in last 2 years
☐ Underweight (BMI less than 20)

ADDITIONAL INFORMATION