

Referring Physician Last Name	First Name	Initial	Specialist Last Name	First Name	Initial
Address:			Address:		
Phone No.:			Phone No.:		
Fax No.:			Fax No.:		

Referring physician must report client to Public Health	See guidelines for reporting on reverse
Date Reported:	<input type="checkbox"/> By Fax <input type="checkbox"/> By Phone
Yr	Mo.
Day	

Client's Last Name	First Name	Initial	Date of Birth	Yr.	Mo.	Day	Gender
							<input type="checkbox"/> M <input type="checkbox"/> F
Address:				Telephone No.			
				Home:		Bus:	
Country of Birth	Date of Arrival in Canada	Yr.	Mo.	Day	Languages Spoken	OHIP	

Reason for Referral:	Medical Risk Factors
<input type="checkbox"/> Assessment for LTBI treatment <input type="checkbox"/> Suspect Active TB <input type="checkbox"/> Symptoms (specify): _____	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal Disease <input type="checkbox"/> Immunosuppressive therapy/disease <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None

Chest X-Ray	Mantoux	Date _____	Result _____ mm
Date _____ <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	Mantoux	Date _____	Result _____ mm
Attach a copy of chest x-ray done within last six months	HIV Testing	Date _____	Result _____

For Specialist Use Only:

To order TB medications from Peel Public Health, complete section and fax to 905-565-8428

LTBI Treatment (please circle proposed length of treatment) **Order Dates:** (Peel provides a 3 month supply)

<input type="checkbox"/> Vitamin B6 25mg po daily x 6 9 12 months	Date of Initial order _____
<input type="checkbox"/> INH 300mg po daily x 6 9 12 months	1 st repeat: _____
<input type="checkbox"/> INH syrup _____ mg po daily x 6 9 12 months	2 nd repeat: _____
<input type="checkbox"/> Rifampin 600mg po daily x 4 6 9 12 months	3 rd repeat: _____
<input type="checkbox"/> Rifampin 450mg po daily x 4 6 9 12 months	
<input type="checkbox"/> Other _____	

* Weight _____ kg (Recommended INH dosage for children 10 – 15 mg/kg to maximum 300mg/day)

Active TB Treatment

Complete the Notification Form and fax to Peel Public Health 905-565-8428

Physician's Signature: _____

Reporting Latent TB Infection (LTBI) and Ordering TB Medication

The Health Protection and Promotion Act sets out the requirement that all physicians, in all cases, report the following information to their local Public Health authorities as soon as possible when they suspect that a person is infected with tuberculosis. This would include reports of latent TB infections and TB disease. Patient consent is not needed.

1. name and address in full
2. date of birth
3. gender
4. date and onset of symptoms, as well as disease specific data elements listed in *Ontario Regulation 569 – Reporting* section 5, such as:
 - date of diagnosis, medical condition and status of the person including signs, symptoms, site, if any, of the infection
 - clinical history
 - laboratory finding and investigative tests
 - current treatment, if any, of the infection, setting out the drugs and dosages and the date of treatment commenced and ended
 - risk factors for TB
 - country of birth

The following links for the relevant legislation and regulations on Public Health disclosure are from the Ontario Government web site.

HEALTH PROTECTION AND PROMOTION ACT Sections **25** and **26**:

(http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm#BK29)

(http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm#BK30)

ONTARIO REGULATION 569 – REPORTS Section **1** and **5**:

(http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900569_e.htm)

PERSONAL HEALTH INFORMATION PROTECTION ACT

(http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm#BK45)

REPORTABLE DISEASE LIST:

(<http://www.peelregion.ca/health/pdfs/reportable-diseases.pdf>)