



Washington State TB ECHO Patient Intake Sheet

TB ECHO #	Report Date:	Facility Name:	Managing Provider:	Person Presenting:
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Section 3. Tuberculosis Risk Factors, Symptoms, and Other Conditions

TB Signs & Symptoms (check all that apply):

<input type="checkbox"/> Asymptomatic <input type="checkbox"/> FEVER ($\geq 100^{\circ}\text{F}$ or $\geq 38^{\circ}\text{C}$) or Chills Duration: Recent Temperature: <input type="checkbox"/> Cough > 3 Weeks in duration <input type="checkbox"/> With Blood <input type="checkbox"/> With Sputum Duration:	<input type="checkbox"/> Night Sweats Duration: <input type="checkbox"/> Weakness or Fatigue Duration: <input type="checkbox"/> No Appetite Duration:	<input type="checkbox"/> Unexplained Weight Loss Duration: <input type="checkbox"/> Chest Pain: Duration: <input type="checkbox"/> Other Symptom(s): Duration:
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Section 4. TB Testing



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Section 5. Radiology (Please attach report or quote report directly)

Section 6. Treatment

Section 7. Notes