

Form 8. Hospital TB Referral Logbook

Date Received by TB Clinic (MM/DD/YY)	Referral No.	Patient Information										Source of Referral (see legend below)
		Name (SURNAME/ First Name/ Middle Name)	Age	Sex (M/ F)	Complete Address (No., St., Brgy, Municipality/ City, Province)	Contact No.	Write "TB" if disease; "Pr" if presumptive	Classification of TB		Treatment Regimen	Registered in another DOTS Facility? (Y/ N)*	
								Anatomical Site (P/ EP)	Registration Group			
							Bacteriological Status (BC/ CD)					

(24) Summary Table 1	Confirmed TB	Presumptive TB
1. Total no. of referrals		
2. No. of referrals from Wards		
3. No. of confirmed TB registered		
4. No. of confirmed TB not registered and not refe		

* (12) Registered in another DOTS facility: if "Y", do not include this patient in the summary table (24).

Legend (13)
 O- OPD
 W- ward
 WI- walk-in
 Others, specify- ER, pharmacy, radiology, HMOs, pay, etc.)

Legend (17)
 PMDT- referred to
 TH- referred to a
 R- not registered in
 other DOTS faciliti
 TBDC- referred to
 O - other actions t

Action/s Taken				Reason for Referring (see legend below)	Receiving DOTS Facility Information		Outcome of Referral (Accepted, write date/ Lost)	Mode of Knowing Outcome of Referral (see legend below)	Remarks (TBDC recommendations; reason for refusing DOTS/ referral; patient died at the hospital, etc.)
Started Treatment at the Ward? (Y/ N)	Registered at the Hosp. TB Clinic? (write TB Case No.)	Referred to a DOTS Facility? (Y, write date/ N)	Others (see legend below)		Name & Complete Address of Receiving DOTS Facility	Contact No.			

> a PMDT facility
 Treatment Hub
 nor referred to
 ies
 TBDC
 taken, specify

Legend (18)
 D- for DSSM
 I- for IPT
 R- for registration & treatment
 T- for Trans-out
 O- others, specify

(25) Summary Table 2		Confirmed TB
1. No. referred to other DOTS facilities		
2. Outcome of external referrals		
No. and % accepted		
No. and % lost		

Legend (22)
 R- return slip brought by patient/relative
 XT- cross-checking w/ TB Reg. of receiving DOTS
 XE- cross-checking with ITIS of the city
 C- calling receiving DOTS facility
 E - email
 S - text message
 F - fax
 P - postage



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Name of Facility:

Province/ City & Region:

Year:
