# SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH • TUBERCULOSIS (TB) CLINIC SAN FRANCISCO GENERAL HOSPITAL, WARD 94 (Building 90 – 4th Floor)

2460 22<sup>nd</sup> Street, SAN FRANCISCO, CA 94110 • PHONE: (628) 206-8524 • FAX: (628) 206-4565 • sf.gov/TBclinic

### **REFERRAL FORM – FAX TO 628-206-4565**

REFERRING PROVIDER OR HEALTH WORKER NAME (PRINT CLEARLY):	
SPECIFY CLINIC or AGENCY:	
PHONE (direct line):	FAX:
CLIENT NAME: LAST	FIRST MIDDLE
BIRTH DATE: / / MRN from USF H	lealth Network or □other clinic:
INSURANCE NAME:INSURANCE ID#:	
CLIENT ADDRESS: STREET APT. #	CITY STATE ZIP CODE
CELL PHONE: ( HOME PHON	IE: () WORK PHONE: () -
REFERRAL CRITERIA MET: (Select all that apply)  NO MEDICAL HOME AND NEEDS TB CLEARANCE FOR: SHELTER OF TREATMENT PROGRAM TB TESTING - WALK-IN M, Tu & W from 8:30-12:30 CHEST XRAY - APPOINTMENT PREFERRED, FAX REFERRAL AND CALL 628-206-8524 TO SCHEDULE  PATIENT OF SAN FRANCISCO FREE CLINIC COMPLICATED LTBI / COMORBIDITY - ATTACH IMAGING REPORTS, LABS AND PROGRESS NOTE  EVALUATION FOR ACTIVE TB DISEASE DISCUSSED WITH & APPROVED BY TB CLINIC STAFF -ATTACH DISCUSS DOCUMENTATION + IMAGING, LABS AND PROGRESS NOTE  DO NOT USE THIS FORM TO REFER PATIENTS WITH HIGH LIKELIHOOD OF ACTIVE TB DISEASE. BY LAW YOU MUST REPORT THESE WITHIN 1 WORKING DAY. CALL (628) 206-3398 & COMPLETE CONFIDENTIAL MORBIDITY REPORT:  https://www.sf.gov/report-tb-san-francisco-department-public-health	
Tuberculosis skin test (TST) result:	Tuberculosis blood test (Quantiferon, T-SPOT) result:
DATE PLACED: / / LOT #:	DATE: / / MM DD YYYY
DATE READ: / / INITIALS:	RESULT DATE: / / MM DD YYYY
SIZE OF INDURATION IN mm:	CLINIC/LAB PERFORMING TEST:
RESULT: ☐ POS ☐ NEG ☐ NOT READ	RESULT: ☐ POS ☐ NEG ☐ INDETERMINATE
CURRENT MEDICATIONS:	

SIGNIFICANT MEDICAL HISTORY, INCLUDING HISTORY OF PRIOR TB (ACTIVE OR LATENT, INCLUDING TREATMENT):

**CONSULT QUESTION:** 

## SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH • TUBERCULOSIS (TB) CLINIC SAN FRANCISCO GENERAL HOSPITAL, WARD 94 (Building 90 – 4th Floor)

2460 22<sup>nd</sup> Street, SAN FRANCISCO, CA 94110 ● PHONE: (628) 206-8524 ● FAX: (628) 206-4565 ● sf.gov/TBclinic

## **REFERRAL INSTRUCTIONS – FAX TO 628-206-4565**

Fax this form and accompanying documents to 628-206-4565. Only patients with risk factors for tuberculosis should be tested. For a review of risk factors for tuberculosis, please refer to the California Department of Public Health (CDPH) Tuberculosis Risk Assessment Form available at: <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx</a>

#### **DOCUMENTATION TO INCLUDE WITH ALL REFERRALS:**

- 1. Consultation question and relevant clinical history including most recent progress note
- 2. Xray or other imaging report (send electronic imaging files if possible) and relevant laboratory studies
- 3. Documented discussion for approved reason for consult. Include name of the TB Clinic staff member spoken to.

#### PATIENT MUST BE A RESIDENT OF SAN FRANCISCO AND MEET THE FOLLOWING REFERRAL CRITERIA:

- A. Patients with no medical home needing shelter or program clearance:
  - 1. Walk-in TB testing M, Tu & W from 8:30-12:30
  - 2. Medical evaluation for clients with documented positive TB test, appointment preferred: fax referral and call 628-206-8524 to schedule
- B. Complicated latent tuberculosis infection (LTBI) defined as a positive TB test (skin test\* or blood test) and chest Xray not consistent with active TB and one high risk factor for progression or treatment complexity.
  - 1. Abnormal chest Xray consistent with old, healed TB
  - 2. Immunosuppression: HIV infection, transplant recipient, treatment with TNF-alpha antagonist, steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication
  - 3. Contact to an active case of infectious TB disease
  - 4. Please e-consult TB clinic via Epic Carelink (search "infectious disease" --> TB clinic) with clinical questions
- C. Evaluation treatment for active TB disease including patients with the clinical syndrome below:
  - 1. Symptoms concerning for TB (e.g., cough >3 weeks, fever, weight loss, night sweats, hemoptysis); AND
  - 2. Chest X-ray findings concerning for active TB (for example: cavities, nodules, infiltrates). If in doubt, ask your radiologist for assistance
  - Tuberculin skin test (TST) or interferon gamma release assay blood test (IGRA) may be positive OR negative
  - 4. Epidemiologic risk factors as outlined in the CDPH Tuberculosis Risk Assessment Form above may be helpful to determine likelihood of TB diagnosis

Cases with high likelihood of active tuberculosis must be reported within 1 working day by California law (Title 17, California Code of Regulations (CCR) §2500). To report cases of likely active tuberculosis call the SF TBPCP reporting line (628) 206-3398. Full reporting instructions can be found on our website at URL: <a href="https://www.sf.gov/report-tb-san-francisco-department-public-health">https://www.sf.gov/report-tb-san-francisco-department-public-health</a>

\*A positive skin test is defined as induration of:

≥5mm in recent contacts to an active case of TB, children under age 5 and patients with immune suppression. ≥10mm for all others (see <a href="CTCA-CDPH guidelines">CTCA-CDPH guidelines</a>)