

**Referral and Treatment Report for Latent Tuberculosis Infection (LTBI)**



**SECTION 1. TO BE COMPLETED BY CIVIL SURGEON**

1. Complete this section if you have diagnosed your patient with LTBI (positive Interferon-Gamma Release Assay, normal CXR or CXR abnormal but not consistent with TB) and are referring them to another provider for LTBI treatment. For a list of LTBI referral sites by local health jurisdiction, see <https://ctca.org/civil-surgeons/>.

2. Attach IGRA and chest x-ray reports to this form and complete the section below.

Dear \_\_\_\_\_, (Address/Phone: \_\_\_\_\_)

I am referring the following patient to you for treatment of **Latent Tuberculosis Infection (LTBI)**:

Name	
Date of birth	
Address	
IGRA result	<input checked="" type="checkbox"/> Positive (see report attached)
CXR result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, not consistent with TB      (see report attached)

I evaluated this patient because they applied to adjust their status to a permanent U.S. resident and as part of their evaluation (<https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html>), was diagnosed with LTBI. **To prevent TB disease from developing, I recommend treatment for LTBI.**

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Civil Surgeon Name    Phone Number    E-mail    Date

**SECTION 2. TO BE COMPLETED BY TREATING PROVIDER**

1. Offer LTBI treatment to patient. Refer to the following websites for information on treatment of LTBI:

- Centers for Disease Control and Prevention (<https://www.cdc.gov/tb/publications/lbt/lbtiresources.htm>)
- California Department of Public Health (<https://cdph.ca.gov/lbtitreatment>)

2. Once patient is offered/starts LTBI treatment, complete Treatment Start section below and fax form to the local health department of the patient’s residence (see reverse side for secure fax numbers).

3. Once patient completes/stops LTBI treatment, complete Treatment Completion section and fax form to the local health department of the patient’s residence (see reverse side for secure fax numbers).

**Treatment Start/Offer Date (MM/DD/YYYY):**

Regimen started: <input type="checkbox"/> Isoniazid/Rifapentine (3 months) <input type="checkbox"/> Rifampin (4 months) <input type="checkbox"/> Isoniazid (9 months) <input type="checkbox"/> Isoniazid (6 months) <input type="checkbox"/> Other:	If patient did <i>not</i> start treatment, primary reason why: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Treatment medically contraindicated <input type="checkbox"/> Patient refused <input type="checkbox"/> Prior adequate LTBI treatment <input type="checkbox"/> Other:
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**Treatment Completion/Stop Date (MM/DD/YYYY):**

Regimen completed: <input type="checkbox"/> Isoniazid/Rifapentine (3 months) <input type="checkbox"/> Rifampin (4 months) <input type="checkbox"/> Isoniazid (9 months) <input type="checkbox"/> Isoniazid (6 months) <input type="checkbox"/> Other:	If patient did <i>not</i> complete treatment, primary reason why: <input type="checkbox"/> Patient chose to stop <input type="checkbox"/> Active TB developed <input type="checkbox"/> Provider chose to stop <input type="checkbox"/> Adverse event related to treatment <input type="checkbox"/> Pregnancy <input type="checkbox"/> Patient died <input type="checkbox"/> Patient moved <input type="checkbox"/> Other: <input type="checkbox"/> Lost to follow-up
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\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Provider Name    Phone Number    E-mail    Date

**(see reverse side for local health department/TB program secure fax numbers)**

## California Local Health Department/TB Program Secure Fax Numbers

<b>Alameda County Public Health Department</b> Fax: (510) 273-3916	<b>Alpine County Public Health Services Department</b> Fax: (530) 694-2770	<b>Amador County Public Health Department</b> Fax: (209) 223-1562
<b>Berkeley Department of Health, Housing and Community Services, Public Health</b> Fax: (510) 981-5345	<b>Butte County Public Health Department</b> Fax: (530) 538-5387	<b>Calaveras County Health and Human Services Agency, Public Health Department</b> Fax: (209) 754-1709
<b>Colusa County Public Health Division</b> Fax: (530) 458-4136	<b>Contra Costa County Public Health, Tuberculosis Control Program</b> Fax: (925) 313-6465	<b>Del Norte County Department of Health and Human Services</b> Fax: (707) 465-6701
<b>El Dorado County, Public Health Department</b> Fax: (530) 295-2589	<b>Fresno County Department of Public Health</b> Fax: (559) 600-7602	<b>Glenn County Health Services</b> Fax: (530) 934-6463
<b>Humboldt County Department of Health and Human Services, Public Health Branch</b> Fax: (707) 445-7346	<b>Imperial County Public Health Department, Tuberculosis Control</b> Fax: (442) 265-1474	<b>Inyo County Health and Human Services, Public Health Division</b> Fax: (760) 873-7800
<b>Kern County Department of Public Health Services</b> Fax: (661) 868-0261	<b>Kings County Public Health Department</b> Fax: (559) 589-0482	<b>Lake County Health Department Communicable Disease Control</b> Fax: (707) 262-4280
<b>Lassen County Public Health Department</b> Fax: (530) 251-2668	<b>Long Beach Department of Health and Human Services</b> Fax: (562) 570-4391	<b>Los Angeles County Dept. of Public Health, TB Control Program</b> Fax: (213) 749-0926
<b>Madera County Public Health Department</b> Fax: (559) 674-7262	<b>Marin County Health and Human Services</b> Fax: (415) 473-6855	<b>Mariposa County Public Health Department</b> Fax: (209) 966-4929
<b>Mendocino County Public Health Department</b> Fax: (707) 472-2714	<b>Merced County Department of Public Health</b> Fax: (209) 724-4007	<b>Modoc County Public Health Department</b> Fax: (530) 233-5754
<b>Mono County Health and Human Services Department</b> Fax: (760) 924-1831	<b>Monterey County Health Department, Communicable Disease Unit</b> Fax: (831) 775-8076	<b>Napa County Public Health Department, Communicable Disease Control Unit</b> Fax: (707) 299-4479
<b>Nevada County Health and Human Services Agency, Public Health Department</b> Fax: (530) 271-0836	<b>Orange County Health Care Agency, Public Health Services</b> Fax: (714) 834-7956	<b>Pasadena County Public Health Department, Disease Prevention and Control</b> Fax: (626) 744-6115
<b>Placer County Health and Human Services, Communicable Disease Control</b> Fax: (530) 886-2945	<b>Plumas County Public Health Services</b> Fax: (530) 283-6110	<b>Riverside Department of Public Health, Tuberculosis Control</b> Fax: (951) 358-7922
<b>Sacramento County Department of Health Services, Public Health, Tuberculosis Control</b> Fax: (916) 854-9614	<b>San Benito County Health and Human Services Agency, Public Health Services</b> Fax: (831) 637-9073	<b>San Bernardino County Department of Public Health, Tuberculosis Control</b> Fax: (909) 387-6377
<b>San Diego County Health and Human Services, Public Health Tuberculosis Control</b> Fax: (858) 514-6532	<b>San Francisco County Department of Public Health, Tuberculosis Control</b> Fax: (628) 206-4565	<b>San Joaquin County Public Health Services</b> Fax: (209) 468-8222
<b>San Luis Obispo County Public Health</b> Fax: (805) 781-5543	<b>San Mateo County Health System, Tuberculosis Control</b> Fax: (650) 573-2919	<b>Santa Barbara County Public Health Department, Tuberculosis Prevention and Control Program</b> Fax: (805) 681-4069
<b>Santa Clara County Public Health Department, Tuberculosis Prevention and Control Program</b> Fax: (408) 885-2331	<b>Santa Cruz County Health Services Agency</b> Fax: (831) 454-5049	<b>Shasta County Public Health</b> Fax: (530) 225-5074
<b>Sierra County Public Health Department</b> Fax: (530) 993-6790	<b>Siskiyou County Public Health</b> Fax: (530) 841-4094	<b>Solano County Public Health Services</b> Fax: (707) 429-4799
<b>Sonoma County Department of Health Services, Public Health Division, Tuberculosis Control</b> Fax: (707) 565-4565	<b>Stanislaus County Health Services Agency, Public Health Services</b> Fax: (209) 558-7531	<b>Sutter County Human Services, Public Health Department</b> Fax: (530) 822-5980
<b>Tehama County Health Services Agency, Public Health Division</b> Fax: (530) 527-0362	<b>Trinity County Health and Human Services Department</b> Fax: (530) 623-1297	<b>Tulare County Health and Human Services Agency, Health Services Department</b> Fax: (559) 713-3720
<b>Tuolumne County Public Health Department</b> Fax: (209) 533-7406	<b>Ventura Health Care Agency, Public Health, Tuberculosis Control Program</b> Fax: (805) 385-9445	<b>Vernon Health Department</b> Fax: (323) 588-4320
<b>Yolo County Health Department</b> Fax: (530) 669-1549	<b>Yuba County Health and Human Services, Public Health</b> Fax: (530) 749-6397	