

**Post Treatment Evaluation
Active TB Disease**

Client Name: _____

Case Manager: _____

Date Started Treatment: _____ Date Completed Treatment: _____

Cavitary disease: Y___N___ Cultures positive at 2 months: Y___N___

Regimen included a Rifamycin drug: Y___N___

Client on DOT: Y___N___ Number of weeks: _____ Number of Doses _____

A nurse assessment is recommended at 3 and 9 months

Frequency of review	6 month _____	12 month _____	24 month _____
Chest x-ray			
Brief physical			
Signs & Symptom Review			
Sputum			
Other			

Comments: _____
