



State of Connecticut

Department of Public Health

TO: Health Care Providers
FROM: Patricia Christensen
Tuberculosis Control Program
DATE: January 1, 2009
SUBJECT: Tuberculosis (TB) Therapy and Follow-up Care Report Form (TB-32)

Enclosed are **Therapy/Follow-up report forms (TB-32)**. This form must be completed each time a TB patient is medically evaluated and submitted to the TB Control Program and the local health department. (As required under Section 19a-36-A3 of the Public Health Code and Sections 19a-262 and 19A-215 of the Connecticut General Statutes.)

WHY REPORT SUPERVISION?

- Documents your recommended monthly supervision of the patient.
- Coordinates and documents outreach and directly observed therapy (DOT).
- Validates office visit for payment by TB Control Program.

WHAT SHOULD BE REPORTED?

- Medication changes (SHOULD BE ACCOMPANIED BY A NEW PRESCRIPTION).
- Continuing ingestion, reaction to or completion of medication.
- Sputum conversion.
- Comparative x-rays.
- Patient address changes.
- Other information not known at time of original report.

HOW DOES THE FREE DRUG PROGRAM WORK?

- Medication provided free when you report patient and send prescription.
- Shipped in three-month supply for suspect/disease cases.
- Entire duration shipped with initial request for patients with latent TB infection (LTBI).
- Medication can be changed on request and with prescription.

IMPORTANT!!!! NOTIFY THE STATE/LOCAL HEALTH DEPARTMENTS BY PHONE WHEN PATIENTS:

- Refuse care.
- Miss clinic appointments.
- Become non-adherent with medications.

The yellow copy of the form should be sent to the local health department and the original to the TB Control Program. Please address any questions concerning drug shipments to Patricia Christensen or Linda Luther at (860) 509-7722.

All forms are also available on the Department of Public Health website at <http://www.ct.gov/dph>. Select Disease and Prevention, Tuberculosis, then Form.

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