CureTB Referral Outcome Notification

Division of Global Migration Health | E-mail: CureTB@cdc.gov
Telephone: 619-542-4013 Web address: www.cdc.gov/cureTB

Date: _____

To: _____ **From:** _____

Phone/Fax: _____ **Phone:** _____

Email: _____ **Email:** _____

Patient Name: _____

DOB: _____ **ID Number:** _____ **A:**☐; **BOP:**☐; **USM:**☐; **Other:**☐

Referring Org.: _____ **Date Referral Received:** _____

Referral made by: _____

Phone: _____ **E-Mail:** _____

CureTB Referral Manager: _____

Phone: _____ **E-Mail:** _____

Referral outcome: ☐ Preliminary ☐ Final

Active/Verified TB Patient:

☐ Continues treatment

☐ Cured Date: _____
(Used in for cases with negative smears at the end of treatment.)

☐ Lost- Insufficient initial information to locate patient

☐ Lost- Arrived, but lost to follow-up

☐ Lost- Never found at intended location

☐ Moved back to US: City: _____, State: _____

☐ Died Date: _____

☐ Completed treatment Date: _____
(Used in for cases without smear collection at the end of treatment.)

☐ Refused/Abandoned treatment

☐ Treatment stopped by provider

☐ Referral Not Required*

Clinical History Request: ☐ Obtained* ☐ Not Obtained ☐ Referral Not Required*

***Comments:**

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