



**INSTRUCTIONS FOR SUBMITTING  
TUBERCULOSIS (TB) TREATMENT AND FOLLOW-UP CARE REPORT FORM**  
Revised January 2017

**NEW:** The Department of Public Health has revised and renamed the former TB-32 form. It is now called the *Tuberculosis Treatment and Follow-Up Care Report Form*.

**WHEN TO REPORT:**

- This one-page form should be completed each time a TB patient is medically evaluated while on treatment for TB disease or latent TB infection (LTBI) and submitted to the DPH TB Control Program and the local health department where the patient resides.

**WHY REPORT SUPERVISION OF PATIENTS?**

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

**WHAT SHOULD BE REPORTED?**

- \* Medication changes (MUST 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.

**IMPORTANT!!!!** For patients on treatment for TB disease, notify both the DPH TB Control Program and the local health department where the patient resides **when a patient:**

- \* Refuses care.
- \* Misses clinic appointments.
- \* Become non-adherent with medications.

Medical consultation is available for all TB-related treatment questions through the DPH TB Control Program.

Completed forms may be faxed or mailed (in an envelope marked "Confidential") to:

DPH Tuberculosis Control Program  
410 Capitol Ave. MS#11TUB  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax: (860) 509-7743

All forms are also available on the Department of Public Health website at <http://www.ct.gov/dph/forms>.

A limited number of paper forms can be requested by phone at (860) 509-7722.