

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH • TUBERCULOSIS (TB) CLINIC
SAN FRANCISCO GENERAL HOSPITAL, WARD 94 (Building 90 – 4th Floor)
2460 22nd Street, SAN FRANCISCO, CA 94110 • PHONE: (628) 206-8524 • FAX: (628) 206-4565

REFERRAL FORM

REFERRING PROVIDER OR HEALTH WORKER NAME (PRINT CLEARLY): _____

SPECIFY CLINIC or AGENCY: _____ **DATE:** ____/____/____
MM DD YYYY

PHONE (direct line): [][][][] - [][][][] - [][][][][] **FAX:** [][][][] - [][][][] - [][][][][]

CLIENT NAME: _____
LAST FIRST MIDDLE

BIRTH DATE: ____/____/____ **MRN from** SF Health Network **or** other clinic: _____
MM DD YYYY

INSURANCE NAME: _____ **INSURANCE ID#:** _____

CLIENT ADDRESS: _____
STREET APT. # CITY STATE ZIP CODE

CELL PHONE: (____) _____ - _____ **HOME PHONE:** (____) _____ - _____ **WORK PHONE:** (____) _____ - _____

REFERRAL CRITERIA MET: (select all that apply)	<input type="checkbox"/> SF FREE CLINIC, SHELTER or TREATMENT PROGRAM CLEARANCE: WALK-IN TB TESTING M, Tu & W from 8:30-12:30 CHEST XRAY – APPOINTMENT PREFERRED, CALL 628-206-8524 TO SCHEDULE
	<input type="checkbox"/> COMPLICATED LTBI / COMORBIDITY – ATTACH IMAGING REPORTS, LABS AND PROGRESS NOTE
	<input type="checkbox"/> EVALUATION FOR ACTIVE TB DISEASE DISCUSSED WITH & APPROVED BY TB CLINIC STAFF –ATTACH DISCUSSION DOCUMENTATION + IMAGING, LABS AND PROGRESS NOTE
DO NOT USE THIS FORM TO REFER PATIENTS WITH HIGH LIKELIHOOD OF ACTIVE TB DISEASE. BY LAW YOU MUST REPORT THESE WITHIN 1 WORKING DAY. CALL (628) 206-3398 & COMPLETE CONFIDENTIAL MORBIDITY REPORT:	
https://www.sfgcdcp.org/tb-control/tuberculosis-information-for-medical-providers/reporting-tb-to-the-health-department/	

Tuberculosis skin test (TST) result: DATE PLACED: ____/____/____ LOT #: _____ MM DD YYYY DATE READ: ____/____/____ INITIALS: _____ MM DD YYYY SIZE OF INDURATION IN mm: _____ RESULT: <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> NOT READ	Tuberculosis blood test (Quantiferon, T-SPOT) result: DATE: ____/____/____ MM DD YYYY RESULT DATE: ____/____/____ MM DD YYYY CLINIC/LAB PERFORMING TEST: _____ RESULT: <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> INDETERMINATE
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CURRENT MEDICATIONS:

SIGNIFICANT MEDICAL HISTORY, INCLUDING HISTORY OF PRIOR TB (ACTIVE OR LATENT, INCLUDING TREATMENT):

CONSULT QUESTION:

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REFERRAL INSTRUCTIONS

Fax this form and accompanying documents to 628-206-4565. Only patients with risk factors for tuberculosis should be tested. For a review of risk factors for tuberculosis, please refer to the California Department of Public Health (CDPH) Tuberculosis Risk Assessment Form available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx>

DOCUMENTATION TO INCLUDE WITH ALL REFERRALS:

1. Consultation question and relevant clinical history including most recent progress note
2. Xray or other imaging report (send electronic imaging files if possible) and relevant laboratory studies
3. Documented discussion for approved reason for consult. Include name of the TB Clinic staff member spoken to.

REFERRAL CRITERIA:

A. Shelter or program clearance:

1. Walk-in TB testing M, Tu & W from 8:30-12:30
2. Medical evaluation for clients with documented positive TB test: appointment preferred, call 628-206-8524 to schedule, or walk-in during these hours: Mon 1:30 – 3:30, Tu 8:30-3:30, Th 8:30-3:30, Fri 8:30 – 10:30

B. Complicated latent tuberculosis infection (LTBI) defined as a positive TB test (skin test* or blood test) and chest Xray not consistent with active TB and one high risk factor for progression or treatment complexity.

1. Abnormal chest Xray consistent with old, healed TB
2. Immunosuppression: HIV infection, transplant recipient, treatment with TNF-alpha antagonist, steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication
3. End-stage renal disease on hemodialysis
4. Children under 5 years of age (0-4 years old)
5. Contact to an active case or new TB test conversion to positive (previously documented negative test)
6. Intolerant of two or more [LTBI regimens](#) or underlying liver disease with abnormal LFTs
7. On medication-assisted treatment for substance use disorder
8. For other complications or categories not listed, please call the clinic to discuss the referral & include documentation of your discussion with the referral

C. Evaluation for active TB disease including patients with the clinical syndrome below:

1. Symptoms concerning for TB (e.g., cough >3 weeks, fever, weight loss, night sweats, hemoptysis); AND
2. Chest X-ray findings concerning for active TB (for example: cavities, nodules, infiltrates). If in doubt, ask your radiologist for assistance
3. Tuberculin skin test (TST) or interferon gamma release assay blood test (IGRA) may be positive OR negative
4. Epidemiologic risk factors as outlined in the CDPH Tuberculosis Risk Assessment Form above may be helpful to determine likelihood of TB diagnosis

Cases with high likelihood of active tuberculosis must be reported within 1 working day by California law (Title 17, California Code of Regulations (CCR) §2500). To report cases of likely active tuberculosis call the SF TBPCP reporting line (628) 206-3398. Full reporting instructions can be found on our website at URL: <https://www.sfdcp.org/tb-control/tuberculosis-information-for-medical-providers/reporting-tb-to-the-health-department/>

*A positive skin test is defined as induration of:

- ≥ 5 mm in recent contacts to an active case of TB, children under age 5 and patients with immune suppression.
- ≥ 10 mm for all others (see [CTCA-CDPH guidelines](#))