

TB Clinic Referral

TO BE FAXED TO
513-946-7603

 Call **513-946-7614** to report active/suspect case

 Call our clinic at **513-946-7610** to schedule an appointment

We are located at: 5050 Section Avenue, Suite 200, Cincinnati, OH 45212

You must provide all information marked with *. For non-hospital referrals, please include QFT/TST results and chest x-ray results to make this a completed referral. Patients will not be scheduled without these results. **If you know or suspect this patient is infectious, please call 513-946-7614 to report.**

*DATE:

PATIENT INFORMATION

*TYPE OF REFERRAL:	ACTIVE/SUSPECT TB	POSITIVE SKIN TEST/QFT	LTBI
*FIRST NAME:	*LAST NAME:		
*DOB:	*MRN:		

PATIENT DEMOGRAPHICS

PATIENT'S ADDRESS:			
PHONE:	COUNTRY OF ORIGIN:	DATE ARRIVED IN US:	
PRIMARY LANGUAGE:	REQUIRES INTERPRETER:	YES	NO
RACE/ETHNICITY:	SSN:	CHECK IF SSN IS UNKNOWN:	
NAME OF INSURANCE:	MEMBER ID:		
NAME OF SPOUSE/GUARDIAN/SPONSOR/INSTITUTION:			
PATIENT SCHOOL:	PATIENT EMPLOYMENT:		
OTHER RISK FACTORS/NOTES:			

PATIENT MEDICAL

*MANTOUX TST RESULTS:	mm	DATE OF MANTOUX TST: <small>(SEE ATTACHED RESULTS)</small>	DATE READ:
*DATE OF IGRA:	*IGRA INTERPRETATION:		
HAS THERE BEEN A CONVERSION?	YES	NO	IF YES, WHEN WAS THE LAST NEGATIVE RESULT DATE?
		IF NO, DOES THIS PATIENT HAVE A HISTORY OF POSITIVE RESULT?	YES NO
*CXR DATE:	*CXR RESULT:	NORMAL FINDINGS	ABNORMAL FINDINGS <small>(SEE ATTACHED RESULTS)</small>

PROVIDER INFORMATION

*REPORTED BY:	*DATE:	*HOSPITAL:	*PHONE:
---------------	--------	------------	---------

Upon faxing this form, we will begin processing your referral. We may reach out to you if additional information is needed. Please ask LTBI referrals to call 513-946-7610 to schedule their appointment 24 hours after the referral is sent, to ensure we have all patient information. If the patient does not call to schedule an appointment within 10 days, we will notify your office by letter.





PREVENT. PROMOTE. PROTECT.

Tuberculosis Control Clinic

General Information

The Hamilton County Tuberculosis Control Clinic exists to treat and prevent Tuberculosis. We are a full-service Tuberculosis clinic serving those who live or work in Hamilton County.

Address: 5050 Section Avenue, Suite 200, Cincinnati, OH 45212

Main Telephone Number: 513-946-7610

(Please use 946-7600 for emergencies after normal business hours.)

Clinic Hours:

- Monday, Wednesday & Friday: 7:30am-4:00pm
- Tuesday and Thursday 9:00am-4:00pm
- 4th Tuesday of each month: Closed from 8:00am-1pm for staff training and development

All clinic services are by appointment only - NO walk-ins

No clinical services are scheduled between 12:00pm-1:00pm

We accept Medicare, Medicaid and many private insurance plans. For those with no insurance, we offer a sliding fee scale based upon income and family size. Services will not be denied due to inability to pay.

Services

Listed below are the services offered at the Tuberculosis Control Clinic. Please read the information carefully, not all services are free and some services require an appointment.

TB Testing (Skin tests):

- Please call 513-946-7610 to schedule for your appointment. Skin tests are given Monday, Tuesday, Wednesday and Friday 9:00am to 3:00pm (Not on Thursdays). TST Reads are scheduled Monday - Friday 7:30am - 4:00pm. The TST must be administered by our clinic to be read.
- Skin Test Administration may be unavailable week of or before major holidays due to reading time constraints.
- Skin test readings must be completed 48 to 72 hours after administration and will be scheduled when you're here for your skin test. If you miss your appointment, we may not be able to read your skin test and it may need to be replaced.
- We provide interpreters for those with limited English proficiency or hearing impairment. Please specify your need for these services when you schedule your appointment.