Form 8. Hospital TB Referral Logbook

Name of Hospital _____Hospital REAL_____

Date Received by TB Clinic	Referral No.	Patient Information					Contact No.	Write **"TB"** if confirmed TB; **"Pr"** if presumptive	Class'n of TB (P or EP/ BC or CD)	Registration Group	Category of Treatment	Registered in another DOTS Facility (Y/N)*	Source of Referral (write codes)
		Name	Age	Sex	Complete Address (No., St., Brgy., Municipality/City, Province)								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1/14/2014	14-001	MAGTILIS, Honrado G.	55	M	Bgy 2, Real Municipality, Province Q	0917-1234567	TB	P / CD	New	I	N	O
1/28/2014	14-002	ENTAL, Henry D.	48	M	Bgy 5, Real Municipality, Province Q	0928-1234567	TB	P / BC	Relapse		Y	O
2/2/2014	14-003	BUYAL, Elvie S.	63	F	Bgy 12, Landas Municipality, Province Q	0916-1234567	TB	P / BC	New			W
2/23/2014	14-004	SANTOS, Quentin D.	4	M	Bgy 2, Real Municipality, Province Q	0926-1234567	TB	P / CD	New	I	N	O
3/12/2014	14-005	GARSIYA, Olivia A.	9	F	Bgy 4, Pinyahan Municipality, Province Q	0918-4531234	Pr					O
3/22/2014	14-006	FERNAD, Julia A.	39	F	Bgy 3 Real Municipality, Province Q	0917-8736457	TB	P / CD	New	I	N	O

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(12) Registered in another DOTS facility: if "Y", do not include this patient in the summary table (24) at the opposite page.

(13) Sources of Referral (codes)
O - OPD
W - Ward
WI - walk-in patients
Others, specify (ER, pharmacy, radiology, HMOs, pay, etc)

(17) Other Actions Taken (codes)
PMDT - referred to PMDT facilities
TH - referred to a treatment hub
R - not registered nor referred to other DOTS facilities
TBDC - referred to TBDC
O - Other actions taken, specify

(18) Reason for referring (codes)
D - for DSSM
I - for IPT
R - for registration & treatment
T - for Trans-out
O - Others, specify

	Action/s Taken			Reason for referring (write code) (18)	Receiving DOTS Facility Information		Outcome of referral (accepted or lost)/date (21)	Mode of knowing outcome of referral (write code) (22)	Remarks (eg. TBDC recommendations; reason for refusing DOTS/referral; patient died at the hospital, etc) (23)
Started treatment at the ward (Y/N) (14)	Registered at the hosp. TB clinic: write TB case number (15)	Referred to a DOTS facilities (Y/N)/if Y, date referred (16)	Others (write code) (17)		Name and Complete Address of DOTS Facility (19)	Contact No. (20)			
N	14110001	N							
N	N	Y 1/28/2014		O- MDR screening	Province Q Hospital TC, Bgy 3, Centro Bayan Municipality	432-7645	accepted 2/5/2014	R	
Y	N	Y 2/14/2014		D	Landas RHU. Bgy 1, Landas Municipality		accepted 2/20/2014	S	
N	14110002	N							
N	N	Y 3/12/2014		D	Pinayahn RHU, Bgy 3, Pinyahan Municipality		lost		
N	14110003	N							

(22) Codes: Mode of knowing outcome of referral	
R - return slip brought by patient/relative	E - Email
XT - cross-checking w/ TB reg. of receiving DOTS	S - text message
XE - cross-checking with I-TIS of the city	F - Fax
C - calling receiving DOTS facility	P - Postage

(24) Summary Table 1	Confirmed TB	Presumptive
1. Total no. of referrals	5	1
2. No. of referrals from **Wards**	1	0
3. No. of confirmed TB registered	3	
4. No. of confirmed TB not registered and not referred	0	

(25) Summary Table 2	Confirmed TB
1. No. referred to other DOTS facilities	3
2. Outcome of external referrals	
No. and % accepted	2
No. and % lost	1