

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
DISCLOSURE AND CONSENT
DRUG THERAPY FOR TREATMENT OF TUBERCULOSIS DISEASE**

The information in this consent form is given so you can know more about your treatment. After you are sure that you understand this information, sign this form to show that you do understand and agree to take the treatment.

I have been told I need drug treatment because of: CIRCLE ONE

1. Tuberculosis, current disease 2. Tuberculosis suspect 3. Other mycobacterial disease

The following drugs have been prescribed: CIRCLE ALL THAT APPLY

- | | | | |
|------------------------|----------------------|------------------------|----------------------------------|
| 1. Amikacin | 6. Ethambutol (EMB) | 11. Linezolid | 16. Rifamate |
| 2. Aminosalicilic acid | 7. Ethionamide (ETH) | 12. Moxifloxacin | 17. Rifampin |
| 3. Capreomycin | 8. Isoniazid (INH) | 13. Ofloxacin | 18. Rifapentine |
| 4. Ciprofloxacin | 9. Kanamycin | 14. Pyrazinamide (PZA) | 19. Streptomycin |
| 5. Cycloserine | 10. Levofloxacin | 15. Rifabutin | 20. Other (please specify) _____ |

Some people who take these drugs may have one or more of the problems shown below:

- | | |
|--|--|
| Isoniazid | Tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, rash, tingling of fingers or toes, vision changes, dark urine, yellow skin.
Caution: Avoid drinking alcohol and limit use of acetaminophen (Tylenol). |
| Rifampin | Orange body fluids (tears, urine, sweat). May stain soft contact lenses or clothing. Flu-like symptoms, fever, tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, yellow skin, itching, rash, change in urine output, bleeding.
Caution: Avoid drinking alcohol. May reduce the effectiveness of birth control pills. If contraception is desired, an alternative method of birth control should be considered. Will interact with many other drugs. |
| Pyrazinamide | Tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, fever, joint pain, rash, dark urine, yellow skin, muscle aches. Caution: Avoid drinking alcohol. |
| Ethambutol | Vision changes, blurring, eye pain, red/green color blindness, tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, fever, headaches, dizziness, rash. |
| Rifamate | Same as Isoniazid plus Rifampin.
Caution: Avoid drinking alcohol. Same birth control precautions as with Rifampin. |
| Rifabutin | Same as Rifampin. Also, eye pain or irritation of eyes, fever, rash, bleeding, vision changes, joint pain.
Caution: Avoid drinking alcohol. Same birth control precautions as with Rifampin. |
| Rifapentine | Same as Rifampin.
Caution: Avoid drinking alcohol. Same birth control precautions as with Rifampin. |
| Ethionamide | Tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, metallic taste, rash, depression, tingling of fingers or toes, dark urine, yellow skin, decreased energy, headaches, sleep difficulty, loss of concentration or memory, hair loss, skin changes, acne, enlarged breasts. |
| Amikacin,
Capreomycin,
Kanamycin,
Streptomycin | Change in urine output, hearing loss, ringing in the ears, dizziness, loss of appetite, nausea or vomiting, increased thirst, numbness around face or mouth, muscle cramps. |
| Ciprofloxacin,
Levofloxacin,
Moxifloxacin
Ofloxacin | Tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, fever, rash, headache, nervousness, increased gas, stomach cramps, dizziness, shakiness, sleep problems, depression, achiness, joint pain or swelling, pain in tendons usually at ankle, change in heart rate, fainting, trouble concentrating. |
| Cycloserine | Convulsions, sleep problems, headache, shakiness, dizziness, memory loss, depression, mood changes, abnormal behavior, seizures. Caution: Avoid drinking alcohol. |
| Aminosalicilic
acid | Tiredness, poor appetite, nausea, abdominal discomfort/bloating, vomiting, dark urine, yellow skin.
Caution: Avoid drinking alcohol. |
| Linezolid | Bleeding, fatigue/weakness, fainting, headache, dizziness, rapid pulse, diarrhea, nausea, vomiting, tingling of fingers or toes, vision changes. |

Allergic reactions including rashes and hives may be caused by any of the drugs. If severe immune reactions occur (including swelling of lips, breathing difficulty or wheezing), stop taking the drug and contact the nurse or physician immediately; or, to seek emergency medical help, dial 911 or visit the ER (Emergency Room) at a hospital.

The risks are small and the health problems that may arise usually clear up completely. Sometimes the side effects may be bad, and very rarely they may cause lasting damage or death. The Texas Department of State Health Services will check me regularly for side effects. I will be responsible for telling my healthcare provider about any unusual symptoms and following treatment recommendations and instructions. The Texas Department of State Health Services believes that the benefits of drug treatment for tuberculosis disease is always much greater than the risks.

I have answered all of the questions about my medical history and my present health condition fully and truthfully. I have told the doctor or other clinic staff about any conditions that might suggest I should not take the medication(s). I have had the chance to ask questions about this health condition, the benefits and risks of specific tuberculosis drugs, including how long side effects may last and how bad the side effects may be. I understand the risks of not taking treatment. I understand that no promises can be made about cure or side effects. Any blank spaces on this form have been filled in. **By signing below, I consent to treatment for tuberculosis disease.**

SECTION I:

Patient's name: _____

Patient's Signature: _____

Date: _____

Person authorized to consent (if not patient): _____

Relationship: _____

Signature: _____

Date: _____

SECTION II:

I certify that the person who has the power to consent cannot be contacted and has not previously objected to the service being requested.

Patient's name: _____

Name of person giving consent: _____

Signature: _____

Date: _____

Relationship to patient: _____

Phone: _____

Address: _____

SECTION III:

Counselor's Signature: _____

Date: _____

Interpreter's Signature (If used): _____

Date: _____