

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
DISCLOSURE AND CONSENT
DRUG THERAPY FOR TREATMENT OF LATENT TUBERCULOSIS (TB) INFECTION**

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 exposure, no evidence of infection.
2. Latent tuberculosis infection, no disease
3. Tuberculosis, no current disease

The following drugs have been prescribed: CIRCLE ALL THAT APPLY

- | | | |
|-----------------------|---------------------|----------------|
| 1. Isoniazid (INH) | 4. Ethambutol (EMB) | 7. Other _____ |
| 2. Rifampin | 5. Rifabutin | Please specify |
| 3. Pyrazinamide (PZA) | 6. Levofloxacin | |

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

- | | |
|--------------|--|
| Isoniazid | Nausea, vomiting, loss of appetite, 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, tiredness, nausea, vomiting, loss of appetite, yellow skin, itching, rash, change in urine output, bleeding, fever.
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 | Nausea, vomiting, loss of appetite, fever, joint pain, rash, dark urine, yellow skin, muscle aches.
Caution: Avoid drinking alcohol. |
| Ethambutol | It is possible that you will note changes in visual acuity and in red/green color discrimination, nausea, vomiting, loss of appetite, fever, headaches, dizziness, rash. |
| 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. |
| Levofloxacin | Nausea, vomiting, loss of appetite, 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. |

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. My healthcare provider 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 latent TB infection are usually 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 prevention of disease or side effects. Any blank spaces on this form have been filled in.

Based on all the above and on what I have been told of the benefits as well as the risks of taking medicine for latent TB infection,

(CIRCLE ONE)

I consent

I do not consent

to the treatment for latent TB infection as recommended.

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: _____