

Flourish Child

WELCOME, **SAMUEL**. [VIEW SITE](#) / [CHANGE PASSWORD](#) / [LOG OUT](#)[Home](#) › [Flourish Child](#) › [Infant/Child/Adolescent TB Screenings](#) › B142-040990581-6-10 3007.0

Change Infant/Child/Adolescent TB Screening

HISTORY

VIEW ON SITE >

Child TB Screening

1. Child visit:

B142-040990581-6-10 3007.0



2. Report Date:

Date: 2024-12-18

Today |

Time: 08:44:10

Now |

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Does your child currently have any cough?

- Yes
- No
- Unknown

4. How long has the cough lasted?

- None
- < 2 weeks
- ≥ 2 weeks

5. Does your child currently have a fever?

- Yes
- No
- Unknown

6. How long has the fever lasted?

- None
- < 2 weeks
- ≥ 2 weeks

7. Is your child currently experiencing night sweats?

- Yes
- No
- Unknown

Night sweats is defined as waking up with your bed clothing soaked – enough to require the bed clothing to be changed

8. How long have the night sweats lasted?

- None
- < 2 weeks
- ≥ 2 weeks
-

9. Since the last time you spoke with FLOURISH staff, has your child had any weight loss (or no weight gain for a child who is less than 12 years of age)?

- Yes
- No
- Unknown
-

10. How long has the weight loss lasted?

- None
- < 2 weeks
- ≥ 2 weeks
-

11. Does your child have fatigue or reduced playfulness that has lasted ≥2 weeks?

- Yes
- No
- Unknown
- Not applicable
-

12. Since the last time you spoke with FLOURISH staff, has someone in your household been diagnosed with TB? :

- Yes
- No
- Unknown
-

13. Since the last time you spoke with FLOURISH staff, has your child been evaluated in a clinic for TB? :

- Yes
- No
- Unknown
-

14. Was your child referred by our FLOURISH clinic team?

- None

- Yes
- No


15. What was the date of the clinic visit?



Today | 

16. What diagnostic tests were performed for TB?

Available What diagnostic tests were performed for TB?

- None
- Stool sample
- Chest Xray
- Skin test (TST/Mantoux)

Choose all 

Chosen What diagnostic tests were performed for TB?

- Sputum sample

Remove all 

Hold down "Control", or "Command" on a Mac, to select more than one.

17. If "Other", specify test and result:

18. Chest Xray Results:

- None
- positive
- negative
- pending
- not_received

19. Sputum sample Results:

- None

- positive
 - negative
 - pending
 - not_received
-

20. Stool sample Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

21. Urine Test Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

22. Skin Test Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

23. Blood Test Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

24. Other Test Result:

25. Was your child diagnosed with TB?

- None
- Yes
- No
- Awaiting results
- Other

26. If Other, please specify:

27. Was your child started on TB treatment(Consists of four or more drugs taken over several months?):

- None
- Yes
- No
- Other, specify

28. If Other, please specify:

29. Was your child started on TB preventative therapy (such as isoniazid or rifapentine/isoniazid for several months):

- None
- Yes
- No
- Other, specify
-

30. If Other, please specify:

Audit (Show)

SAVE

Save and add another

Save and continue editing