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### **TUBERCULOSIS CONTROL PROGRAM**

Phone: 1-833-796-8773 Fax: 1-505-827-0163

#### **Referral for TB Treatment (select):**

**LTBI**  **Active TB Disease**

Referral Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

#### Records to Include with Referral:

- |  |  |
|--|--|
| <input type="checkbox"/> Test Results: Copy of IGRA or TST                                   | <input type="checkbox"/> Additional laboratory findings: CBC/CMP, AFB smear/PCR/culture results; other lab results |
| <input type="checkbox"/> Radiology: Chest X-Ray report (within 3 months of date of referral) | <input type="checkbox"/> Patient demographic information form  |
| <input type="checkbox"/> Clinic documentation/risk assessment of TB                          |  |
| <input type="checkbox"/> Documentation of most recent clinic note                            |  |

#### Select criteria for increased risk of progression of LTBI to TB disease (please check all that apply)

- Known recent exposure in the last 2 years
- All children and adolescent (Children under 5 are the highest priority)
- Pregnancy
- HIV infected individuals with positive TB test (TST or IGRA)
- Persons with a history of untreated or inadequately treated TB disease, including those with fibrotic changes on chest radiography consistent with prior TB disease
- Potential recipients of organ transplants
- Recent immigrants (within last 5 years) with positive IGRA, abnormal chest x-ray, **and** immune-compromising medical conditions that present a higher risk for accelerated progression to TB disease
- Persons experiencing housing insecurity
- Persons with LTBI and complex co-morbidities (determined by TB program staff review)