



COUNTY OF ORANGE HEALTH CARE AGENCY

PUBLIC HEALTH SERVICES PULMONARY DISEASE SERVICES

ADDRESS: 1725 W 17th Street, Suite 101-E Santa Ana, CA 927068

TELEPHONE: (714) 834-8717 FAX: (714) 834-7958

CLIENTS MUST BE RESIDENTS OF ORANGE COUNTY TO BE ELIGIBLE FOR CHEST X-RAY SERVICES.

Clients must present this form completed and signed by the provider to County of Orange Health Care Agency, 1725 W. 17th Street, Room 101E, Santa Ana, CA 92706, (714) 834-8717 in order to receive services. Clinic hours: 8AM to 4PM (closed for lunch 12PM to 1PM). To expedite your visit, appointments are recommended.

Patient Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home, Work, Cell): \_\_\_\_\_

Medi-Cal ID#: \_\_\_\_\_ Issue Date: \_\_\_\_\_

TUBERCULOSIS SCREENING SUMMARY

Current Positive: [ ] Tuberculin Skin Test (TST) or [ ] Interferon-gamma Release Assay (IGRA)
Date: \_\_\_\_\_ If TST, \_\_\_\_\_ mm induration. If IGRA, \_\_\_\_\_ IU/ml units.
[ ] Positive [ ] Negative [ ] Indeterminate

Where performed: \_\_\_\_\_

Previous Result: [ ] TST or [ ] IGRA
Date: \_\_\_\_\_ If TST, \_\_\_\_\_ mm induration. If IGRA, \_\_\_\_\_ IU/ml units.
[ ] Positive [ ] Negative [ ] Indeterminate

Where performed: \_\_\_\_\_

Previous Chest X-ray (if applicable):

Date: \_\_\_\_\_ Result: [ ] Normal [ ] Abnormal [ ] Unknown

Where performed: \_\_\_\_\_

REFERRING PROVIDER (Physician, Nurse Practitioner, or Physician Assistant):

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Normal chest x-ray results will be mailed to the above provider.

Abnormal chest x-ray results will be phoned/faxed to the above provider.

Children under 5 years: The County of Orange Health Care Agency offers treatment for latent tuberculosis infection (LTBI) for this age group only. Please indicate below if you wish to refer the child for this service. If yes, please attach documentation of TST or IGRA results.

[ ] YES [ ] NO

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_