





Consent for Treatment of Tuberculosis (2nd Line Medications)

This is to let you know about the treatment for Tuberculosis. There can be problems and risks when taking pills for Tuberculosis.

These pills will stop the Tuberculosis germ from growing in your body. The pills must be taken daily for up to 1 year or more.

Drugs	Things That May Happen:	Comments	Client's Initials	HCQ's Initials
<input type="checkbox"/> Capreomycin (Capastat) Injection	Dizziness; ringing in the ears or hearing loss; irregular heartbeat; muscle weakness/cramps; trouble breathing; easy bleeding/bruising; ; decreased urination; balance problems.	 Caution: soreness or hardening at the injection site. Don't drink alcohol. Drink plenty of fluids. Avoid pregnancy.		
<input type="checkbox"/> Avelox (Moxifloxacin)	Diarrhea; dizziness; headache; nausea; trouble sleeping; vomiting; agitation; confusion; mood or mental changes; depression.	 Caution: Don't drink alcohol; avoid using Tylenol (acetaminophen). Watch for cardio changes. Avoid Pregnancy.		
<input type="checkbox"/> Seromycin (Cycloserine)	Neurotoxic side effects: seizures; tremor; headache; confusion; psychoses; possibly with suicidal tendencies; hyper-irritability; aggression; trouble talking; rash or hives.	 Caution: Don't drink alcohol; avoid using Tylenol (acetaminophen). Avoid pregnancy.		
<input type="checkbox"/> Ethionamide (Trecator)	Diarrhea; nausea; stomach pain; loss of appetite; fatigue; dark(brown) urine; light colored stool; yellow eyes or skin; hypothyroidism; metallic taste; depression; easy bruising/bleeding; drowsiness; nervousness; weakness.	 Caution: Don't drink alcohol; avoid using Tylenol (acetaminophen). Avoid pregnancy.		



I have been given education regarding the possible side effects of these medications and will report any problem listed above immediately to my case manager/outreach specialist . _____
Tell your Health Care Worker if you think you are pregnant.

Health Care Worker Initials

Client Initials

I agree to take a written psychological evaluation pertaining to my care once a week and will be honest and accurate with my answers.

I have read this form, or have had it explained to me, about taking these pills for Tuberculosis. I have had a opportunity to ask the Health Care Worker questions about my treatment. I believe I understand the benefits and risks of taking the pills. I agree with and want to take the pills to cure my Tuberculosis.

Name (Print)

Date of Birth

Today's Date

Signature

Witness/Health Care Worker