

## ISONIAZID (INH) CLINIC FLOW SHEET

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

DATE STARTED INH (YYYYMMDD)	CODES <span style="margin-left: 40px;">○ = No</span> <span style="margin-left: 100px;">✓ = Yes</span> <span style="margin-left: 100px;">CS = Comment Section</span>
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Today's date (YYYYMMDD)									
Time									
No. months of INH									

### SUBJECTIVE

Fatigue									
Nausea									
Loss of appetite									
Dark urine									
Light stools									
Joint pain									
Loss of weight									
Visual changes									
Elevated temperature									
Tingling hands/feet									

### OBJECTIVE

Rash									
Icterus									
Other									

### ASSESSMENT

Patient taking medication									
Side effects noted									

### PLAN/ACTION

Refill INH no. 30									
Start/refill B6 no. 30									
Patient guidance provided									
Repeat liver function tests									
Discontinue INH									
Refer to MD									
Referral to next duty sta									
Next appointment <i>(Date) (YYYYMMDD)</i>									
Interviewer's initials									

### COMMENT SECTION

*(Continue on reverse)*

<b>PATIENT'S IDENTIFICATION</b> <i>(Use mechanical imprint if available. For typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone.)</i>	<b>INTERVIEWER'S IDENTIFICATION DATA</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">SIGNATURE AND TITLE</th> <th style="width: 20%;">INITIALS</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	SIGNATURE AND TITLE	INITIALS														
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