

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

**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>	
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<b>INTERVIEWER'S IDENTIFICATION DATA</b>	
SIGNATURE AND TITLE	INITIALS