

SEXUALLY TRANSMISSIBLE INFECTIONS NOTIFICATION FORM*



NSW HEALTH USE ONLY

Date received: ___ / ___ / _____

Record No: _____

PHU: _____

PHU Fax No: _____

CASE DETAILS

Last Name: Gender: Male Female Transgender
 First Name: Language Spoken at Home:
 Address: Country of Birth:
 Postcode: Occupation/School:
 Date of Birth: ___ / ___ / _____ Age:
 Indigenous status:
 Aboriginal origin Both Aboriginal and Torres Strait Islander origin Not Aboriginal or Torres Strait Islander
 Torres Strait Islander origin Not stated

THE DISEASE

Condition Name: Onset date of symptoms if known: ___ / ___ / _____
 Was treatment commenced? Date treatment commenced: ___ / ___ / _____

RISK INFORMATION

- Where was the infection acquired? NSW Outside Australia (*specify*)
 Australia outside NSW (*specify*)
 Unknown
- Did your patient have any of the following sexual exposures? Person/s of opposite sex only Person of both sexes
 Person/s of same sex only Unknown
- From whom was this infection most likely acquired? (*tick all that apply*) Man who has had sex with men Partner from overseas (*specify*)
 Casual partner
 Regular partner Unknown
- Was this patient a sex worker in the 12 months before acquisition of this infection? Yes Unknown
 No
- Where was the patient diagnosed? Public hospital Sexual health clinic
 Private hospital Family Planning
 General practice Other (*specify*)
 s100 GP
- Why did the patient initially present? Symptoms Screening
 Contact tracing Other (*specify*)

Contact tracing is the responsibility of the managing clinician. If you require assistance with contact tracing or any other aspect of the public health management of your patient, please contact your local Sexual Health Clinic.

Please contact your local Public Health Unit on 1300 066 055 for further advice

* If requested, medical practitioners may provide further information concerning transmission, the medical condition and risk factors for the notification provided by laboratories (Part 5 section 55 of the Public Health Act 2010).

Referring doctor details

Name: Address:
 Telephone:
 Notification Date: ___ / ___ / _____ Suburb: Postcode: