

OTHER CONDITIONS THAT MAY POSE A SIGNIFICANT RISK TO PUBLIC HEALTH NOTIFICATION FORM



NSW HEALTH USE ONLY

Date received: ___ / ___ / _____ **PHU:** _____ **Record No:** _____

PATIENT DETAILS

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

DETAILS OF MEDICAL CONDITION OR DISEASE

1. Diagnosis:

2. Date of onset of first symptom:

3. Were any lab tests done?
 a) If yes, describe tests:
 b) Results (if available):

4. Has the patient been to hospital?
 If yes, provide details:

5. What are the concerns for public health?

6. What is the likely source of the disease?

7. Are there any other people infected?

Referring doctor details

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

☎ Contact your local Public Health Unit on 1300 066 055 for further advice.

* 'Other Conditions' are those medical conditions or diseases that may pose a significant risk to public health. These conditions may be notified by doctors or pathology services under the Public Health Act.