

# Sexually Transmissible Infections Notification Form\*

|                     |                                  |                   |
|---------------------|----------------------------------|-------------------|
| NSW HEALTH USE ONLY | Date received: ___ / ___ / _____ | Record No: _____  |
|                     | PHU: _____                       | PHU Fax No: _____ |

### Case Details

|  |   |
|--|---|
| Last Name: _____   | Current gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary                     |
| First Name: _____  | <input type="checkbox"/> Another term: _____  |
| Address: _____   | Sex at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male   |
| Suburb _____ Postcode: _____   | <input type="checkbox"/> Another term: _____  |
| Date of Birth: ___ / ___ / _____ Age: _____                              | How does your patient describe their sexual identity?   |
| Occupation/School: _____   | <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual |
| Country of Birth: _____  | <input type="checkbox"/> Another term: _____  |
| Indigenous status:   | Language Spoken at Home: _____  |
| <input type="checkbox"/> Aboriginal origin                               | <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin  |
| <input type="checkbox"/> Not Aboriginal or Torres Strait Islander origin | <input type="checkbox"/> Not stated   |


### The Disease

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

### Risk Information

|   |  |   |
|---|--|---|
| 1. Where was the infection acquired?  | <input type="checkbox"/> NSW                                   | <input type="checkbox"/> Overseas (specify country): _____                |
|   | <input type="checkbox"/> Australia outside NSW (specify) _____ | <input type="checkbox"/> Unknown  |
| 2. Did your patient have any of the following sexual exposures?                         | <input type="checkbox"/> Male only                             | <input type="checkbox"/> Male and Female <input type="checkbox"/> Unknown |
|   | <input type="checkbox"/> Female only                           | <input type="checkbox"/> Other (specify): _____                           |
| 3. From whom was this infection most likely acquired? (tick all that apply)             | <input type="checkbox"/> Casual partner                        | <input type="checkbox"/> Sex worker                                       |
|   | <input type="checkbox"/> Regular partner                       | <input type="checkbox"/> Client (if case is a sex worker)                 |
|   | <input type="checkbox"/> Unknown                               |   |
| 4. Was this patient a sex worker in the 12 months before acquisition of this infection? | <input type="checkbox"/> Yes                                   | <input type="checkbox"/> No <input type="checkbox"/> Unknown              |
| 5. Where was the patient diagnosed?   | <input type="checkbox"/> Public hospital                       | <input type="checkbox"/> Sexual health clinic                             |
|   | <input type="checkbox"/> Private hospital                      | <input type="checkbox"/> Family Planning                                  |
|   | <input type="checkbox"/> General practice                      | <input type="checkbox"/> s100 GP  |
|   | <input type="checkbox"/> Other (specify) _____                 |   |
| 6. Why did the patient initially present?   | <input type="checkbox"/> Symptoms                              | <input type="checkbox"/> Screening  |
|   | <input type="checkbox"/> Contact tracing                       | <input type="checkbox"/> 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: _____ |