Hepatitis C Unspecified Notification Form

CASE DETAILS

NCIMS no. _____

First name: _____ **Last name:** _____

Date of Birth: ___ / ___ / _____

Sex at birth: ☐ Female ☐ Male ☐ Another term (specify): _____

If female at birth: ☐ Not pregnant ☐ Currently pregnant, estimated delivery date: ___ / ___ / _____
☐ Unknown ☐ Recently pregnant, delivery date: ___ / ___ / _____

Current gender: ☐ Female ☐ Male ☐ Non-binary ☐ Another term (specify): _____

Address: _____

Postcode: _____ **State:** _____ **Telephone:** _____

Country of birth: ☐ Australia ☐ Other (specify): _____

Main language (other than English) spoken at home (specify): _____

Indigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander
☐ Neither Aboriginal nor Torres Strait Islander ☐ Not stated

NOTIFIER DETAILS

Name: _____ **Provider ID:** _____

Practice name: _____ **Address:** _____

Postcode: _____ **State:** _____ **Telephone/Fax:** _____

CLINICAL INFORMATION

Was the current infection initially detected using a Point of Care Test (PoCT)?
☐ Yes ☐ No ☐ Unknown

Has the case been diagnosed with hepatitis C before?
☐ Yes (specify date): ___ / ___ / _____ ☐ No ☐ Unknown

***If yes*, where?** ☐ NSW ☐ Interstate (specify): _____ ☐ Overseas (specify): _____

***If yes*, previous evidence of appropriate hepatitis C treatment completed?**
☐ Yes (specify treatment end date): ___ / ___ / _____ ☐ No ☐ Unknown

***If yes*, previous evidence of HCV RNA-negative result(s)?**
☐ Yes (specify date/s): ___ / ___ / _____ and ___ / ___ / _____ ☐ No ☐ Unknown

Is the current infection a reinfection? ☐ Yes ☐ No ☐ Unknown

Where was the current infection most likely acquired?
☐ NSW ☐ Interstate (specify): _____ ☐ Overseas (specify): _____

TREATMENT INFORMATION

Has treatment started for the current infection:
☐ Yes (specify treatment start date): ___ / ___ / _____ ☐ No ☐ Unknown
☐ No, but referral for treatment made or planned (specify):
Referral date: ___ / ___ / _____ Provider/Service: _____

EDUCATION

Case advised about reducing spread to others? ☐ Yes ☐ No

REASON FOR TEST

☐ Investigation of symptomatic hepatitis
☐ Abnormal liver function tests (asymptomatic)
☐ Patient request
☐ Occupational exposure (exposed)
☐ Contact of a person with HCV
☐ Research or study
☐ Other, specify: _____
☐ Unknown

☐ Screen – Antenatal care
☐ Screen – AOD
☐ Screen – Blood or organ donor
☐ Screen – Correctional Service/Justice Health
☐ Screen – Hospital (incl. ED & general admission)
☐ Screen – Immigration
☐ Screen – Perioperative
☐ Screen – STI