CONFIDENTIAL

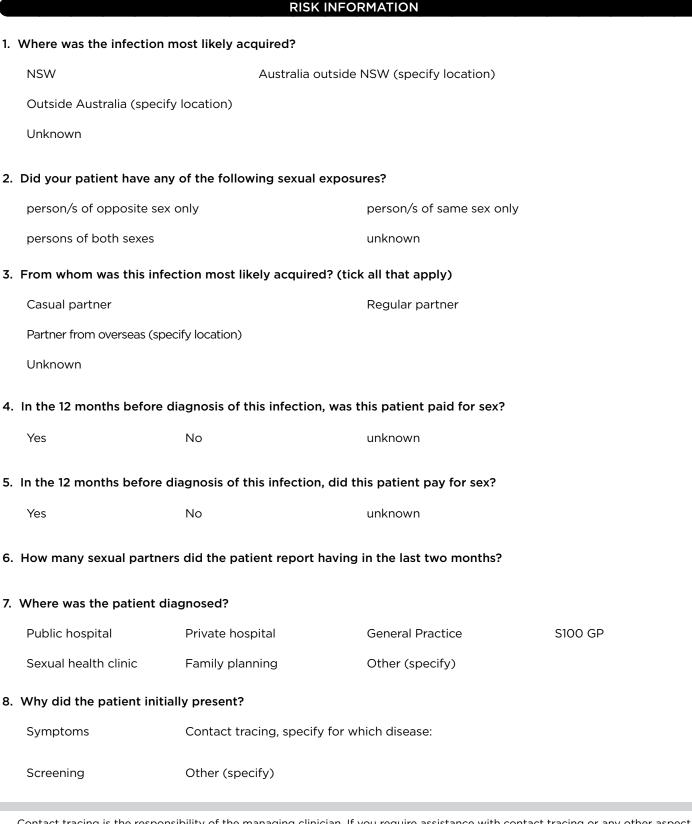
SEXUALLY TRANSMISSIBLE INFECTIONS NOTIFICATION FORM*



NCIMS no:	no: PHU:		PHU Fax No:				
CASE DETAILS							
Last Name:			First Name:				
Date of birth:	_//	_ Age:	Gender:	Male	Female	Other	
Address:			Language spoken at home:				
		Country of Birth:					
				Occupation:			
Indigenous status	igenous status: Aboriginal Torres Strait Islander		Both Aboriginal and Torres Non-Indigenous			Not stated	
If female, was your patient pregnant at the time of diagnosis or is currently pregnant?							
Yes (requires urgent follow-up) No Unknown (requires urgent follow-up)							
		TH	E DISEASE				
Condition Name:			Onset date of symptoms if known://				
Was treatment commenced? Yes No (if no, why)							
Date treatment commenced://							
Treatment details for current episode of infection							
Date given	Drug D	ose	Route	Comments			

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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. www.health.nsw.gov.au/publichealth/sexualhealth/sexual_phus.asp

