

SEXUALLY TRANSMISSIBLE INFECTIONS NOTIFICATION FORM*



NCIMS 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: Aboriginal Both Aboriginal and Torres Not stated
Torres Strait Islander Non-Indigenous

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)

THE 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	Dose	Route	Comments
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