NOTIFICATION OF HIV INFECTION (Form prescribed pursuant to subsection 43(2) The Public Health Act: P210)

DESIGNATED PATIENT CODE _____
(As per CPL requisition: Last two initials of mother's maiden name; year of birth; day of birth; gender; RHA of residence code; 3-digit forward sortation postal code)

PHYSICIAN NAME _____

LABORATORY REQUISITION NUMBER _____

SPECIMEN DATE _____/_____/_____
yyyy mm dd

PRINCIPAL REASON FOR TEST (ONE ONLY)
- ☐ Requested by patient (no risk identified)
- ☐ Risk factor present (asymptomatic)
- ☐ Symptomatic ☐ STD work-up
- ☐ Travel ☐ Insurance
- ☐ Prenatal
- ☐ Other (specify) _____

GENDER ☐ Male ☐ Female ☐ Trans-gender

If female, pregnant? ☐ Yes ☐ No
Receiving anti-retroviral drug(s)? ☐ Yes ☐ No

M/S ☐ Unmarried ☐ Married/CL ☐ S/D/W

COUNTRY OF BIRTH
☐ Canada ☐ Other _____
If other, year of arrival in Canada _____

ETHNICITY
☐ Caucasian ☐ African/African-American
☐ Aboriginal ☐ Asian
Other _____

If aboriginal, treaty status: ☐ Treaty ☐ Non-treaty
Band number: _____

CLINICAL STATUS

Are HIV-related symptoms present? ☐ Yes ☐ No

Does the patient have AIDS? ☐ Yes ☐ No

PAST HISTORY

1) Previous HIV testing? ☐ Yes ☐ No ☐ Unknown
If yes:
Date of most recent negative test: _____
Date of first positive test: _____

2) History of STD ever ☐ Yes ☐ No

3) STD in past 3 months ☐ Yes ☐ No

4) Previous blood or tissue donation ☐ Yes ☐ No

If yes, most recent date _____

Location _____

RISK INFORMATION
(Since 1978; check all client characteristics that apply)

	Yes	No	Unk.
1) Has had sex with:			
A male	☐	☐	☐
A female	☐	☐	☐
2) Has had heterosexual sex with:			
A bisexual partner	☐	☐	☐
An unknown partner	☐	☐	☐
Multiple sex partners	☐	☐	☐
A sex trade worker	☐	☐	☐
A client of a sex trade worker (i.e. patient is a sex trade worker)	☐	☐	☐
A person with known/suspected HIV	☐	☐	☐
An injection drug user	☐	☐	☐
A person from an HIV endemic area	☐	☐	☐
Another high risk partner	☐	☐	☐
3) Has used needles for recreational (non-medical) drug injection	☐	☐	☐
4) Has received blood or blood products a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
5) Has received blood or blood products for treatment of a coagulation disorder			
a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
6) Has been exposed to HIV in an occupational setting (e.g. needlestick injury)	☐	☐	☐
7) Born to an HIV positive mother	☐	☐	☐
8) Born in or resident of an HIV-endemic country	☐	☐	☐

9) Has had:
- ☐ **tattoo**
- ☐ **body piercing**
- ☐ **acupuncture**
- ☐ **blood contact from bite, altercation, etc.**

10) Other exposure which could have been source of HIV infection, specify _____

11) No identifiable risk factor ☐

Interview for partners at risk to be done by: Physician Yes ☐ No ☐ **Public Health Nurse** Yes ☐ No ☐

If by public health nurse, physician must first obtain informed consent from client. Has informed consent been obtained? ☐ **Yes** ☐ **No**

CONTACT INFORMATION ON PARTNERS TO BE FOLLOWED BY PUBLIC HEALTH:

Name _____ Home tel _____ Work tel _____
Alias _____ Sex ☐ F ☐ M
Address _____ Postal Code _____ Age/Birth date _____
Occupation _____ Place of Employment/School _____
☐ Live-In Partner ☐ Single Other _____ Lives with ☐ Parents ☐ Informant ☐ Other
Characteristics: Height _____ Wt. _____ Eye Colour _____ Hair _____ Complexion _____
Sexual Exposure: (First) _____ To _____ (Last) Parenteral (First) _____ To _____ (Last)
Notified: Yes ☐ Date _____ No ☐ By Whom _____