

Health practitioner notice of notifiable disease (non-identified basis)

Section 74(1) and (3A), Health Act 1956

Instructions on use: This form is for notification of diseases listed in section C of Part 1 of Schedule 1 of the Act; specifically AIDS and syphilis (if clinical diagnosis only). The name, address and other contact details of the patient **MUST NOT** be included in this form. However, a medical officer of health may require disclosure of those matters if necessary under section 74 (3B) of the Act.

HIV, gonorrhoea and syphilis (confirmed by a laboratory test) are notified directly by the laboratory. The clinician does not need to notify these positive laboratory results but will be asked to complete an electronic questionnaire (currently under development) about the persons risk and protective factors for the infection.

Name of notifier:	Date: / /
Organisation:	Phone:
Email:	Fax:
Disease being notified: <input type="checkbox"/> AIDS <input type="checkbox"/> Syphilis (clinical diagnosis without laboratory confirmation)	

PATIENT DETAILS - DO NOT COLLECT OR RECORD THE PATIENT'S FULL NAME. RECORD INITIALS ONLY	
First two letters of surname:	First letter of first name:
DHB district of usual address:	NHI (if known):
Date of birth: / /	Date of death (if applicable): / /
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate	
Ethnicity (tick all that apply): <input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please specify):	

CLINICAL SYMPTOMS	
Illness onset date (approximate): / /	
Hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospital name:
Previous -ve lab test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / / Test:
Person under specialist care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist/clinic:
Travel (if infection likely to have occurred overseas): Where:	When:
Any other information relevant to the risk of the patient having acquired the disease (for example, sexual behaviours or activity, or sex of partner or partners, if known):	

CONTACT TRACING / PARTNER NOTIFICATION
Contact tracing/partner notification guidance can be found at http://nzshs.org/docman/guidelines/principles-of-sexual-health-care/144-partner-notification-guideline/file

Notify RPH within 48 hours by fax 04 570 9373