

Reported by		
Health Care Provider (HCP): _____		Phone #: _____
Family HCP (if different): _____		Phone #: _____
Patient Demographics		
Name: _____ <small><i>last name, first name</i></small>	DOB: _____ <small><i>yyyy/mm/dd</i></small>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Address: _____	Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other
_____	Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:		
Reason for Testing		
<input type="checkbox"/> Symptoms, please list: _____		
<input type="checkbox"/> Routine screen <input type="checkbox"/> Contact of case <input type="checkbox"/> Sexual assault <input type="checkbox"/> Prenatal screen, due date: _____		
<input type="checkbox"/> On HIV PrEP <input type="checkbox"/> Insurance <input type="checkbox"/> Immigration screening <input type="checkbox"/> Other _____		
Risk Factors Tick all that apply		
<input type="checkbox"/> Sex with opposite sex	<input type="checkbox"/> No condom/barrier used	<input type="checkbox"/> Injection drug user (IDU)
<input type="checkbox"/> Sex with same sex	<input type="checkbox"/> Condom/barrier breakage	<input type="checkbox"/> Inhalation drug user
<input type="checkbox"/> Sex with trans	<input type="checkbox"/> New contact in past 2 months	<input type="checkbox"/> Shared drug equipment
<input type="checkbox"/> Sex with HIV+ partner	<input type="checkbox"/> >1 partner in last 6 months (# _____)	<input type="checkbox"/> Needle stick/occupational exposure
<input type="checkbox"/> Anonymous sex	<input type="checkbox"/> Met partner through internet	<input type="checkbox"/> Client was born to HIV+ mother
<input type="checkbox"/> Sex trade worker	<input type="checkbox"/> Co-infected with other STI	<input type="checkbox"/> Received blood or blood products
<input type="checkbox"/> Sex with sex trade worker	<input type="checkbox"/> Judgement impaired by alcohol/drugs	<input type="checkbox"/> Other blood exposure _____
HIV Testing History		
<input type="checkbox"/> Never tested for HIV <input type="checkbox"/> HIV test done in the past Last negative HIV test date: _____		
Patient's reaction to HIV diagnosis: _____		
Does the patient have emotional supports available to them <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Has a referral been made to HIV specialist <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____		
There is an obligation under legislation (O. Reg. 338/96) to notify Canadian Blood Services (CBS) about the donation or receiving of blood or blood products, to their Transmissible Disease Notification Department at ☎1-613-560-7186		
Has your patient donated blood? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____ Where: _____		
Has your patient received blood or blood products? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____ Where: _____		
If yes to above, have you informed CBS about the donation or receipt of blood by this patient? <input type="checkbox"/> No <input type="checkbox"/> Yes		

HIV Communicable Disease Reporting Form

Patient name: _____

DOB: _____

Patient Education

For HCPs taking on this responsibility, SMDHU requires that the following information be included in your counselling:

HCP taking on responsibility to provide the following HIV education No Yes (check boxes below that apply)

- Provide HIV disease information including how HIV is transmitted and the health complications of HIV and AIDS
- Advise patient to consider always using condoms/barriers for oral, anal and vaginal sex in order to reduce the risk of HIV transmission to partner(s) and reduce the risk of the patient acquiring another STI
- Provide information on the need to disclose HIV status to all current and future sexual partner(s)
- Advise patient not to share drug equipment used to prepare, inject, or inhale drugs (e.g. syringes/needles, spoons, drug solutions, water, wash filters, cookers, pipes, straws, devices for snorting drugs)
- Advise patient breastfeeding is contraindicated for HIV-infected mothers
- Advise patient to not share personal hygiene materials/sharp instruments (e.g. razors, nail clippers, toothbrushes, etc.)
- Advise patient to safely dispose of articles contaminated with blood (e.g., dental floss, bandages, needles)
- Advise patient to cover all cuts and sores
- Advise patient to clean up blood spills with diluted household bleach (9 parts water to 1 part bleach). Leave the solution on the surface for 10 minutes before wiping it away
- Advise patient to not donate blood, organs, semen, tissue or breast milk
- Advise patient to inform HCPs and other providers of personal services of their HIV status where blood exposure is possible (e.g., doctor, dentist, EMS)
- Advise patient disclosure to others is at the discretion of the patient and may include supports (e.g. family, employer)
- Advise patient to test for TB, chlamydia, gonorrhoea, syphilis, Hep B and Hep C
- Advise patient to receive vaccinations as per current recommendations (such as hepatitis A and B, pneumococcal and influenza vaccination)
- Provide information about local resources such as Gilbert Centre (formerly known as AIDS Committee of Simcoe County) and Harm Reduction Programs, where applicable. Managing Your Health manual and other reliable HIV online resources are available at www.catie.ca

Partner/Contact Notification

All sexual partners or IDU equipment sharing contacts need to be notified from a period of 3 months prior to last negative HIV test, or if never tested, since the onset of sexual activity or risk behavior.

Health Care Providers who wish to assume responsibility for partner notification, the following information must be provided to the SMDHU: contact's name, sex, date of birth, address, phone number. This information is kept confidential and is important that notification be documented for legal purposes.

HCP taking on responsibility to interview patient for partner(s) contact information No Yes

Please indicate # of partners (sex/IDU/equipment sharing) 3 months prior to last HIV negative result, or if never tested, since the onset of sexual activity or risk behavior : _____

How many partners can be identified? _____ How many partners cannot be identified/are anonymous? _____

- Patient declined to give partner(s) names and information
- Untraceable partner(s): anonymous partner(s) or insufficient contact information
- All partner(s) information is listed below

We will be contacting the named individuals to verify contact/partner notification is complete.

Please provide information including full name and demographic information:

Name	Male / Female/ Other	Contact information (i.e. address, phone number, email, online profile user name)	Age/DOB	Date of last exposure

Physician or Nurse Practitioner signature _____

Date: _____