Health Canada Santé Canada

STI

CONFIDENTIAL

First Nations and Inuit Health – Ontario Region

STI Contact Tracing Form

DISEASE:

FNIH-OR Case #:

CONTACT INFORMATION

Last Name:	First Name:	Initial(s):
DOB: DD MMM YYYY	Age:	Gender: ❒ Male ❒ Female ❒ Unknown

Phone: (H) (Cell)

Community:

Address:

Postal code:

Pregnant: ❒ Yes ❒ No ❒ Unknown

If yes, LNMP: DD MMM YYYY

Relationship to case:

Date of Exposure:

PHYSICAL DESCRIPTION (If name unknown)

Marital status:	Height:	Build:	Hair:	Eyes:

Other (i.e. tattoos)	Complexion:	Living arrangements:
Occupation:	Employer/School:	Work Phone:
Additional Information:		Email:

Information given by: ❒ Index case ❒ PHU ❒ MD/NP ____________

❒ Other ____________

Date information received: DD MMM YYYY

CLINICAL INFORMATION

Date Contact Notified: DD MMM YYYY

Notified by: ❒ CHN ❒ Index case ❒ PHU ❒ MD/NP ____________ ❒ Other ____________

❒ **ASYMPTOMATIC** ❒ **SYMPTOMATIC (proceed to table below)**

SYMPTOMS (✓ all that apply)	ONSET DATE (DD/MMM/YYYY)	SYMPTOMS (✓ all that apply)	ONSET DATE (DD/MMM/YYYY)
❒ Abdominal pain		❒ Discharge	
❒ Dysuria		❒ Lesions	
❒ Other:		❒ Other:	

Date: DD MMM YYYY Time: ____________ Type of visit: ____________

Testing done: ❒ YES ❒ NO ❒ NOT KNOWN

Tested by: ____________ Date tested: DD MMM YYYY

Test:	Test:
Result:	Result:

TREATMENT

Treated: ❒ **YES** ❒ **NO** ❒ **NOT KNOWN**

Date treated: DD MMM YYYY Treated by: ____________

Medication	Dose	Duration	Start Date (DD/MMM/YYYY)	Comments:

Education provided (see reverse): ❒ **YES** ❒ **NO**

Hepatitis vaccination(s) given: ❒ **YES** ❒ **NO**

See client chart.

Name of reporting facility: ____________ Date: DD MMM YYYY

CHN Name (printed): ____________ CHN Signature: ____________

EDUCATION

Sexual Health Education Questions

CHN to educate client on the following points & document by checking (✓) once discussed with contact.

For specific questions for each category refer to the current Canadian Guidelines on Sexually Transmitted Infections, STI risk assessment questionnaire.

	YES	NO	Check (✓) if additional nursing notes made
Relationship Their present situation (i.e. several casual partners or longterm partner). Identify any concerns about their relationship (i.e.. abuse, coercion, infidelity).	❐	❐	❐
Sexual risk behaviour Number of partners. Their last sexual contact, their number of sexual partners in the past. Sexual preference, orientation. Sexual activities and their risks. (i.e.perform or receive oral, vaginal, anal sex). Personal risk evaluation. Sexual partners from a country other than Canada; the use of condoms always, sometimes, or never.	❐	❐	❐
STI History Previous STI screening. Previous STI, did they receive any treatment for the STI? Discuss the current concern. Have they been having symptoms? How long?	❐	❐	❐
Reproductive health history Their current contraceptive used. Discuss the birth control pill and/or condoms with respect to STIs (i.e. The pill does not protect against STIs). Known reproductive problems. Pap test. Discuss the importance of a regular pap test. Discuss results of previous pap tests. (i.e. normal, abnormal, follow-up?) Pregnancy. Discuss history. Discuss the complications an STI can have on pregnancy.	❐	❐	❐
Substance use What substances are they using? Alcohol, drugs, IV drugs? Frequency and type. Sharing equipment for injection? Snorting? (both carry risks) Sexual activity while under the influence? Percutaneous risk other than drug injection (i.e. tattoos, piercings, rituals)?	❐	❐	❐
Psychosocial history Sex trade worker or client (i.e. trading sex for money, drugs or shelter)? Sexual abuse. Housing situation.	❐	❐	❐
Educate on sexual transmission of hepatitis A and B (and C if blood present) Discuss vaccination status and offer vaccine for A and/or B if criteria met.	❐	❐	❐

Nurse's Signature:	**Date:** D D M M M Y Y Y Y

Nursing Notes *(if required)*:

Nurse's Signature:	**Date:** D D M M M Y Y Y Y