Government of Alberta

Notification of Sexually Transmitted Infections

The partner notification nurse may contact your patient to obtain additional information.

Section 1 - Patient Information *(Please print)*

Patient name *Last name* | *First name* | *Middle name* | Gender ☐ Male ☐ Female

Current address | City/Town | Province and Country | Postal code

Telephone number | Birthdate Year Month Day | Personal health number | Marital status

Lives on reserve? If yes, name of First Nations community ☐ Yes ☐ No | Occupation and place of work | Ethnicity ☐ Caucasian ☐ Oriental ☐ First Nations ☐ Inuit ☐ Other, *specify* ☐ Black ☐ Other Asiatic ☐ Metis ☐ Other Unknown

Behaviour attitudes *(X all that apply)*
☐ Sex with females only ☐ Sex with both males and females ☐ Injection Drug User (IDU) ☐ Sex Work
☐ Sex with males only ☐ Sex with IDU ☐ Sex with Sex Trade Worker

Reason for visit: *(X all that apply)*
☐ Symptoms ☐ STI Screening ☐ Annual Checkup ☐ Therapeutic Abortion
☐ Contact ☐ Prenatal ☐ Sexual Assault

Section 2 - Laboratory/Clinical Findings

Clinical findings *(X all that apply)*

				Duration
Asymptomatic	☐ Yes	☐ No	☐ Unknown	
Vaginal discharge	☐ Yes	☐ No	☐ Unknown	
* Cervical discharge	☐ Yes	☐ No	☐ Unknown	
* Friable cervix	☐ Yes	☐ No	☐ Unknown	
❖ Urethral discharge	☐ Yes	☐ No	☐ Unknown	
❖ Dysuria	☐ Yes	☐ No	☐ Unknown	
Rectal symptoms	☐ Yes	☐ No	☐ Unknown	
Other (please describe)	☐ Yes	☐ No	☐ Unknown	

Pregnant ☐ Yes ☐ No ☐ Unknown — If yes, test of cure recommended. *(see reverse)*

Complications *(X all that apply)*
☐ PID ☐ Epididymitis ☐ Other, specify:

Specimen Sites *(X all that apply)*
☐ Urethra ☐ Rectum ☐ Eye ☐ Pharynx
☐ Endo-cervix ☐ Urine ☐ Other, specify:

Blood Tests *(X all that apply)*
☐ Syphilis: ☐ Positive ☐ Negative ☐ Pending — Date Year Month Day
☐ HIV: ☐ Positive ☐ Negative ☐ Unknown/Indeterminate ☐ Pending — Date Year Month Day

Section 3 - Treatment Details *(X all that apply)*

Notifiable Diseases	Code*	Treated with:		Office Use
☐ Chlamydia Trachomatis	A	☐ Azithromycin	1 gm	☐
☐ Gonorrhea	B	☐ Cefixime	400 mg	☐
☐ Non-Gonococcal Urethritis ❖	C	☐ Doxycycline	100 mg bid x 7 days	☐
☐ Mucopurulent Cervicitis *	D	☐ Doxycycline	100 mg bid x 14 days	☐
☐ Syphilis	E	☐ Ciprofloxacin	500 mg	☐
☐ Chancroid	F	☐ Ceftriaxone	250 mg IM	☐
☐ Lymphogranuloma Venereum	G	☐ Amoxicillin	500 mg tid x 7 days	☐
	H	☐ Erythromycin	500 mg qid x 7 days	☐
	I	☐ Erythromycin	250 mg qid x 14 days	☐
	J	☐ Ofloxacin	400 mg bid x 14 days	☐
	K	☐ Metronidazole	500 mg bid x 14 days	☐
	L	☐ Special Drugs *(see reverse)*		☐
	M	☐ Other *(specify name and dosage)*		☐

Date of treatment Year Month Day

Physician's name (Please print)

Where would you like replacement drugs sent: *(see reverse for more information).*

USE OFFICE STAMP OR MAILING LABEL ON ALL 3 PAGES.

☞ **The Public Health Act requires that all reportable Sexually Transmitted Communicable Disease cases be reported to Alberta Health and Wellness with names of all sexual partners.**
☞ **Please send a separate notification form if additional contacts are identified.**
☞ **The partner notification nurse may contact your patient to obtain additional contact information.**

Section 4 - Sexual Contact One Information

Contact name *Last* | *First* | *Middle*

Gender ☐ Male ☐ Female | Birthdate (year/month/day) | Age | Marital status

Current address

City/Town | Province and Country | Postal code

Telephone number | Cell number

Occupation and place of work

Distinguishing features | Ethnicity *(see section 1):*

Date and Location of exposure

Relationship to patient *(X all that apply)*
☐ Regular partner ☐ Working in sex trade
☐ Casual known ☐ Sex for money
☐ Casual unknown ☐ Sex for cigarettes or alcohol
☐ Ex-Partner ☐ Sex for drugs

Contact treated? ☐ Yes ☐ No
Date: Year Month Day
Medication code * *(see Section 3):* Office Use ☐

Sexual Contact Two Information

Contact name *Last* | *First* | *Middle*

Gender ☐ Male ☐ Female | Birthdate (year/month/day) | Age | Marital status

Current address

City/Town | Province and Country | Postal code

Telephone number | Cell number

Occupation and place of work

Distinguishing features | Ethnicity *(see section 1):*

Date and Location of exposure

Relationship to patient *(X all that apply)*
☐ Regular partner ☐ Working in sex trade
☐ Casual known ☐ Sex for money
☐ Casual unknown ☐ Sex for cigarettes or alcohol
☐ Ex-Partner ☐ Sex for drugs

Contact treated? ☐ Yes ☐ No
Date: Year Month Day
Medication code * *(see Section 3):* Office Use ☐

☞ **If you require assistance or consultation call 780-735-1466 or toll free 1-888-535-1466 if calling long distance.**
☞ **Mail all copies, sealed in the envelope provided.**

☞ **Indicate if you require any of the following:**
☐ Billing number ☐ Notification forms
☐ Patient literature

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