Report of HIV/AIDS - Please use this form for reporting LAB CONFIRMED HIV/AIDS

Fax completed form to 905-940-4541 - Please forward lab and / or provide lab details

Health Care Provider				
information:				
(Name, Address ,Phone, Fax)			
Client information:				
(Name, Sex, DOB, Phone				
Address, Language)				
Engaimin Callagtian I	Data (many mm dd). [Chasiman Ca	Hastian Datal		
Specimin Conection i	Date (yyyy-mm-dd): [Specimen Col	nection Date]		
Diamaria				
Diagnosis	IIV on TAIDS			
Client is diagnosed with:		Data (m. /m. m. / dal).		
	specify any indicative diseases: Earliest Kn	own Date (yy/mm/dd):		
Discase(s)				
s the client aware of the test	result?			
s this a new diagnosis for the	e client? \Box Yes \Box No – date of	originally diagnosed (yy/mm/dd):		
Last confirmed HIV negative t				
s client deceased?	/es – date of death (yy/mm/dd):	□No □Unknown		
If deceased, cause:	\square Underlying \square Contributi	ng 🗆 Incidental		
- · · · ·				
_		tact tracing		
	Post mortem	☐ Blood/Organ donation		
	Prenatal – EDD (yy/mm/dd):	Other:		
Symptoms: Asympto	matic	y):		
., , , , , , , , , , , , , , , , , , ,	Start (yy/mm/dd):	/): End date (yy/mm/dd)		
HIV Education				
Received pre-test counselir	ng? 🗆 Yes 🗆 No 🗆 Unknown	Pre-test counselling done by:		
eceived post-test counseling? Yes No Unknown Post-test counselling done by:				
☐ Yes ☐ No – CLIEN	T HAS AN UNDERSTANDING OF	THE ITEMS SPECIFIED BELOW:		
_	esults and the difference between HIV infection			
nealth teaching on transf	mission of HIV including counselling your patie	ant on safer sex, sterne needle use practices		

- Reviewing appropriate disclosure of their HIV positive status to sexual partners prior to having penetrative oral, anal or vaginal sex if they are not virally suppressed
- Instructing your patient not to donate blood, semen, organs or breast milk
- Assessing your patient's support system and need for follow up care or counselling. Provision of appropriate referrals
- Importance of adherence to HIV care and treatment. Advising that individuals that achieve sustained undetectable viral load of at least 6 months cannot sexually transmit the virus (U=U).
- Discussing the need, as appropriate, for your patient to inform other health care attendants e.g. dentists
- If applicable, discussing the implications of pregnancy with patients in their child bearing age
- If applicable, advising client to refer to their professional college for further infection reporting and any practice recommendations/restrictions



Other STI testing (in	dicate results):							
☐ Chlamydia	☐ Gonorrhea ☐ H	ер В	☐ Hep C					
\square Other								
_	n advises that all clients diagnose skin Test?			– patient advised to be tested				
Note: A false negative tuber	BI) or if active TB is diagnosed, please culin skin test (TST) can be caused in pess, recent immunization (MMR, Vari	patients who hav	e HIV infection and a					
Assessment of Risk Factors								
BEHAVIOURAL / SOCIAL FACTORS								
☐ NO CONDOM USED	☐ CONDOM BREAKAGE	☐ JUDGEM	ENT IMPAIRED BY A	LCHOL / DRUGS				
☐ SEX WITH SAME SEX	\square SEX WITH OPPOSITE SEX	☐ FIGHTING	☐ FIGHTING, BITING, TORTURE, BLOOD BROTHER					
☐ SEX WITH TRANS	\square SEX WITH SEX TRADE WORKE	R ☐ CONSUM	IED BREASTMILK					
☐ SEX TRADE WORKER	☐ SHARED SEX TOYS	☐ INHALAT	ION DRUG USE					
☐ SEROSORTING	☐ STRATEGIC POSIITIONING	☐ INJECTIO	N DRUG USE					
☐ ANONYMOUS SEX	\square CONTACT IS HIV POSITIVE	☐ SHARED	NEEDLES					
☐ NEW CONTACT IN PAST	2 MONTHS	☐ SHARED	☐ SHARED OTHER DRUG EQUIPMENT					
☐ MORE THAN ONE SEX C	CONTACT IN LAST 6 MONTHS #	☐ CONTACT	☐ CONTACT VISITING FROM OUTSIDE PROVINCE					
☐ MET CONTACT THROUGH	GH INTERNET SITES	☐ SEX FOR	☐ SEX FOR DRUGS/SHELTER/FOOD/SURVIVAL					
☐ CONTACT LIVED IN OR VISITED FROM HIV ENDEMIC AREA		□ UNKNOW	□ UNKNOWN					
(specify):	☐ OTHER:_	☐ OTHER:						
\square MORE THAN ONE SEX (CONTACT IN LAST 6 MONTHS #	_						
EXP		MEDICAL RISK FACTORS						
EXPOSURE SETTING		MEDICAL RIS						
☐ BATH HOUSE			☐ RECEIVED BLOOD OR BLOOD PRODUCTS					
☐ BLOOD EXPOSURE THR			When: Where:					
☐ CORRECTIONAL FACILITY			☐ RECEIVED ORGAN/TISSUE/OTHER:					
☐ OCCUPATIONAL EXPOS	URE	When:	Wh	nere:				
☐ TRAVEL TO		☐ INVASIVE	☐ INVASIVE SURGICAL/DENTAL/OTHER:					
□ ENCOUNTER FOLLOWING MAJOR EVENT		When:	When: Where:					
☐ UNDERHOUSED / HOMELESS		☐ CO-INFE	☐ CO-INFECTION WITH					
☐ ELECTROYSIS, PIERCINGS, TATTOOS		☐ POSITIVE	☐ POSITIVE HIV STATUS When:					
□ UNKNOWN		☐ BORN TO	☐ BORN TO A CASE OR CARRIER					
☐ OTHER:		_ □ REPEAT S	☐ REPEAT STI					
		☐ PREGNA	NT					
		□ UNKNOW	VN					
		☐ OTHER:						

Responsibility for contact notific. Contacts are defined as those who have ha limit of time frame. Time frame is 14 weeks includes all contacts within the last 10 years	nd intimat s prior to	most recent confirmed negative HI	/ result. In the absence of p	
Has contact notification been discussed with Does the client have any contacts at riboes the client have any high risk sext	isk of ve	rtical transmission? ☐ Yes		
 ☐ Health Care Provider - Health care ☐ Public Health - Client has requany known identifying information of birth. 	nsibility te provider uested ar ation abo	to inform partner(s) and HCP associated will provide each partner with contact monymous notification of partner(s) ut each partner(s) including name, we sufficient information to contact	otification and testing b) or HCP requests PH follow gender, address, telephone t partner(s)	v-up. Please provide e number, age/date
Contact Name (Last, First)	Sex	DOB/Age (yy/mm/dd)	Address	Telephone
Request for Public Health Follow Check this box if you have concerns transmission, patient is at risk of disconpatient would like support from public h the patient.	such as: nection	from care (eg. due mental health	concerns, psychosocial o	concerns), or if your
Comments:				
Signature of Health Care Provider:		Date (yy/mm/dd):		
If you have any questions or would like to On-Duty Line at 1-877-464-9675 Ext. 7421		e STI medications for this client or	to become a stock clinic, p	lease call the SBBI
To order free hepatitis A and/or B vaccine for form from http://bit.lv/VBvaccineorder.and.se				

or call **1-877-464-9675 Ext. 74033**. For Health Care Providers outside York Region: Contact your local Health Unit.