BRANT COUNTY
HEALTH UNIT

194 Terrace Hill Street
Brantford, ON N3R 1G7
519-753-4937

www.bchu.org

HIV Surveillance Form

Public Health Notification Date: Public Health Investigator:

Patient Demographics

Name: DOB: Gender:

Address: Phone: ** PLEASE PROVIDE_____

Country of Birth: ☐ Canada ☐ Other: _____

Race/Ethnicity

☐ White

☐ Black (African, Haitian, Jamaican, Somali, etc.)

☐ North American Indian

☐ Asian (Chinese, Japanese, Vietnamese, etc.)

☐ South Asian (East Indian, Pakistani, Sri Lankan, etc.)

☐ Arab/West Asian (Iranian, Egyptian, Lebanese, etc.)

☐ Latin-American (Mexican, Central/South American)

☐ Other: _____

Risk Factors: *(check all that apply)*

☐ Sex with Men

☐ Sex with Women

☐ Shared Needle Use

☐ Other Medical Exposure
(eg. Organ Transplant, Artificial Insemination, etc.)

☐ Non-Medical, Non-Occupational Exposure
(eg. Tattoo, Body Piercing, Breast Milk, etc.)

☐ Recipient of Blood Products before 85/11/1

☐ Donated Blood within the last 6 months

☐ Recipient of Blood Transfusion or Blood Products within the last 6 Months

When: _____

Where: _____

☐ No Identifiable Risks

☐ Sex Partner of HIV + Person

☐ Sex Partner of Person(s) at risk for HIV

☐ Offspring of HIV+ Mother

☐ Occupational Exposure
(Specify: _____)

☐ Endemic Area Immigrant/Traveller

☐ Recipient of Blood Transfusion before 85/11/1

☐ Other (Specify: _____)

Diagnostic Information

Reason for Testing:

☐ Routine Screen
☐ Prenatal Screen
☐ Post Mortem
☐ Unknown
☐ Other: _____

☐ Symptoms →
☐ Contact Tracing
☐ Immigration

Symptoms:
☐ Weight Loss
☐ Fatigue
☐ Lymphadenopathy
☐ Diarrhea
☐ Other: _____

Laboratory Test: (check all that apply)

☐ HIV ELISA
☐ HIV Supplemental ELISA
☐ HIV Western Blot
☐ HIV P24
☐ HIV 1/2 Ag/Ab Combo Screen
☐ HIV1 /HIV2 Antibody Confirmatory
☐ Other: _____

Does this Patient have AIDS? ☐ Yes ☐ No

Is the Patient Deceased: ☐ Yes ☐ No

If Yes, Date of Death: _____ Cause of Death: _____

Patient Counselling

Did the patient receive pretest counselling? ☐ Yes ☐ No ☐ Unknown

Has the patient been informed of the test results? ☐ Yes ☐ No

Has the patient received post-test counselling? ☐ Yes ☐ No

Check all that apply:

☐ The patient understands the test results and the difference between HIV and AIDS

☐ The patient understands never to donate blood, semen or body organs

☐ The patient understands the importance of disclosing their HIV status to other healthcare providers (eg. Dentist)

☐ The patient understands the need to disclose their HIV status to all current and future sexual partners (as per Cuerrier)

☐ Counselling was provided on non-penetrative sexual activity, safer sex and clean needle use practices

☐ Counselling was provided on using condoms at all times (as per Cuerrier)

☐ The patient's support system has been assessed

Notification and Counselling of Partners

Partner notification is an important component of case follow-up and involves the identification of persons who may be at risk of acquiring HIV as a result of contact with your patient. Partner notification discussion includes identifying their past and current sexual partners, and/or needle sharing contacts.

Has partner notification been discussed with the patient? ☐ Yes ☐ No

Can the patient identify sexual and/or needle sharing partners? ☐ Yes ☐ Some ☐ No

Has partner notification been completed? ☐ Yes ☐ Some ☐ No

Referrals

The patient has been referred to: ☐ SIS Clinic

☐ Other: _____

Is the patient is aware Public Health will be contacting them? ☐ Yes ☐ No

Healthcare Providers Involved in Care

Primary Care Physician: _____ Phone #: _____

Specialist: _____ Phone #: _____

Other: _____ Phone #: _____

Healthcare Provider Completing Form

Physician or
Registered Nurse's Signature: _____ Date: _____

Comments: _____

_____

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