Government of
Northwest Territories

Report is:	Initial	Update

Index Case HCN:

MUST PRINT: SEXUALLY TRANSMITTED INFECTIONS (STI) CONTACT TRACING REPORT FORM[9]

Instructions: As per the *Reportable Disease Control Regulations* (R-128-2009), HCPs shall make reasonable attempts to initiate contact tracing within 24 hours of reportable disease diagnosis. Please submit initial available contact information with the case investigation form. HCPs are also to provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out. Please submit an updated contact tracing form whenever:

1. A new contact has been identified
2. A contact has been treated

SEXUAL CONTACT INFORMATION		
Contact Tracing		
Contact of a case of (check all that apply): Chlamydia Gonorrhea Syphilis HIV		
Affix Label	**Last Name:**	**LAST EXPOSURE TO CASE**
	First Name:	Date (dd/mmm/yyyy):__________________ Location *(NWT community or out of territory):*________________________
	HCN:	**Relationship to case** *(check all that apply):*
	Age: / **Birthdate (dd/mmm/yyyy):**	Steady partner Ex-partner Casual unknown
	Sex: Male Female Unknown Prefer not to answer	Casual known Sex worker
	Current Address:	
	Confirmed Phone Number(s):	

Health care professional will follow-up with contact **OR**
Contact information forwarded to ____________________________________for follow up

Follow up information

Date contact notified (dd/mmm/yyyy): ________________________________

Date contact treated (dd/mmm/yyyy): ________________________________

Specify drug, dosage, and route: ____

If contact is lost-to-follow-up, report using Syphilis & HIV Lost-to-Follow-up Report Form

Notes:

Report date (dd/mmm/yyyy):	**Clinic name:**	**Community:**
Report completed by (print):	**Reported completed by** (signature):	

[9] Contact Tracing Report Form is not to be scanned into Electronic Medical Record (EMR). Fax to the Office of the Chief Public Health Officer (OCPHO).

Report is:	Initial	Update

Index Case HCN:

MUST PRINT: SEXUALLY TRANSMITTED INFECTIONS (STI) CONTACT TRACING REPORT FORM[10]

Instructions: As per the *Reportable Disease Control Regulations* (R-128-2009), HCPs shall make reasonable attempts to initiate contact tracing within 24 hours of reportable disease diagnosis. Please submit initial available contact information with the case investigation form. HCPs are also to provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out. Please submit an updated contact tracing form whenever:

1. A new contact has been identified
2. A contact has been treated

SEXUAL CONTACT INFORMATION		
Contact Tracing		
Contact of a case of (check all that apply): Chlamydia Gonorrhea Syphilis HIV		
Affix Label	**Last Name:**	**LAST EXPOSURE TO CASE**
	First Name:	Date (dd/mmm/yyyy):__________________ Location *(community or out of territory):* ______________________
	HCN:	**Relationship to case** *(check all that apply):* Steady partner Ex-partner Casual unknown Casual known Sex worker
	Age: **Birthdate (dd/mmm/yyyy):**	
	Sex: Male Female Unknown Prefer not to answer	
	Current Address:	
	Confirmed Phone Number(s):	
Health care professional will follow-up with contact **OR** Contact information forwarded to ______________________________________for follow up		
Follow up information		
Date contact notified (dd/mmm/yyyy): _________________________________		
Date contact treated (dd/mmm/yyyy): _________________________________ **Specify drug, dosage, and route:** ____		
If contact is lost-to-follow-up, report using Syphilis & HIV Lost-to-Follow-up Report Form		
Notes:		
Report date (dd/mmm/yyyy):	**Clinic name:**	**Community:**
Report completed by (print):	**Reported completed by** (signature):	

[10] Contact Tracing Report Form is not to be scanned into Electronic Medical Record (EMR). Fax to the Office of the Chief Public Health Officer (OCPHO).