



Syphilis & HIV Lost-to-Follow-up Report Form

To be completed on ALL syphilis & HIV cases and contacts deemed lost to follow-up

1. Client Information	
Disease reporting on: Syphilis <input type="checkbox"/> HIV <input type="checkbox"/>	
Client is a: CASE: <input type="checkbox"/> CONTACT: <input type="checkbox"/>	Date client identified as case or contact:
Last Name:	First Name:
Birth Date (dd/mmm/yyyy):	HCN:
Sex at birth: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>	Client Community:
2. Lost to Follow-up Information	
Week 1	
Date and time of call/text #1:	Response from client received: Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up: <input type="checkbox"/> Appointment booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:
Date and time of call/text #2:	Response from client received: Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up: <input type="checkbox"/> Appointment booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:
Date and time of call/text #3:	Response from client received: Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up: <input type="checkbox"/> Appointment booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:
Alert added to EMR? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Week 2	
Date notification letter sent (if address known):	
Date and time of home visit if safe, confidential and feasible:	
Weeks 3 to 4	
Document additional contact attempts per your professional judgement	
Date of additional attempt #1:	Date of additional attempt #3:
Date of additional attempt #2:	Date of additional attempt #4:
One month	
Date client deemed lost to follow-up:	Date reported to OCPHO:
HCP name:	HCP signature:
Comments:	

Please send completed forms to the Office of the Chief Public Health Officer
 Secure File Transfer: CommunicableDiseaseReporting@gov.nt.ca
 Fax: (867) 873-0442
 Phone: (867) 920-8646