

Index Case	
Last Name <i>(Legal)</i>	First Name <i>(Legal)</i>
DOB <i>(dd-Mon-yyyy)</i>	PHN
Infection <i>(chlamydia, gonorrhea, HIV, syphilis)</i>	

Sexual Contact Information

- For use in conjunction with 21600 - Syphilis Assessment and History form, 22158 - Notification of STI form, and 22155 - HIV Case Report form.
- Under the Public Health Act, healthcare providers are required to provide sexual contact names and locating information for follow-up to STI Centralized Services via fax at 780-670-3624.
- For privacy and compliance purposes, do not save or store this form if it contains any patient health information.

Sexual Contact Information			
First Name		Middle Name	
Last Name			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown
Date of Birth <i>(dd-Mon-yyyy)</i>		Age	Marital Status
Street Address		City/Town	
Province/Country	Postal Code	Phone Number	Alternate Phone Number
Other Locating Info <i>(e.g Facebook, email, places known to frequent)</i>			
Exposure Date <i>(dd-Mon-yyyy)</i>		Location of Exposure	
Ethnicity		Distinguishing Features	
Relationship to Patient:			
<input type="checkbox"/> Current regular partner		<input type="checkbox"/> Casual known	<input type="checkbox"/> Ex-regular partner <input type="checkbox"/> Anonymous partner
<input type="checkbox"/> Exchange goods/money for sex			
Treated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Treatment Date <i>(dd-Mon-yyyy)</i>		Medication	

Sexual Contact Information			
First Name		Middle Name	
Last Name			
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