Government of Saskatchewan

HIV Notification Form

Please complete **all** sections

PANORAMA

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

A) PERSON REPORTING – HEALTH CARE PROVIDER INFORMATION

Clinic Name: Location: Attending Physician or Nurse: Address: Phone number:	***FOR PUBLIC HEALTH OFFICE USE ONLY:*** **Service Area:** **Date Received:** **Panorama Client ID:** **Panorama Investigation ID:**

B) CLIENT INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MM / DD Age: _____ Health Card Province: _____ Health Card Number (PHN):	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other Gender Identity: ☐ Transgender Male-to-female ☐ Transgender Female-to-male ☐ Undifferentiated ☐ Other (specify)	Phone : ☐ Primary Home: ☐ Mobile contact: ☐ Workplace: ☐ Alt Contact: Name: _____ Relationship: _____
Place of Employment/School:	Email Address:	Preferred Communication Method: ☐ Home ☐ Work ☐ E-mail ☐ Text

Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description

Mailing (Postal address):

Street Address or FN Community (Primary Home):

C) IMMIGRATION INFORMATION

Country Born In: _____

Country Emigrated from: _____ Arrival Date: YYYY / MM / DD OR Arrival Year YYYY

D) DISEASE EVENT HISTORY

Site / Presentation: ☐ Adults, adolescents, and children ≥ 18 months ☐ Children <18 months

Staging (see CDC Manual): ☐ Stage 0 ☐ Stage 1 (CD4 ≥500) ☐ Stage 2 (CD4 200-499) ☐ Stage 3 (CD4 <200) ☐ Unknown

E) SIGNS & SYMPTOMS

	YES	NO		YES	NO	SPECIFY
Asymptomatic			Symptoms prior to or at time of testing?			
Initial CD4 result						

HIV Notification Form

Please complete **all** sections

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

F) RISK FACTORS (Please complete *all* Risk Factors from 3 months prior to last known negative result –specify dates as needed)
Legend: N-No, NA-Not Asked, U-Unknown

DESCRIPTION	Yes Start date	N, NA, U	Add'l Info
Sexual Behaviour – MSM +	TE		
Sexual Behaviour - Heterosexual Sex	TE		
Sexual Behaviour - Heterosexual sex with person who injects drugs	TE		
Sexual Behaviour - Heterosexual sex with MSM	TE		
Sexual Behaviour - Heterosexual sex with person with hemophilia/coagulation disorder	TE		
Sexual Behaviour - Heterosexual sex with person from endemic country (Add'l Info)			
Sexual Behaviour – Heterosexual sex with person with confirmed/suspected HIV/AIDS (Add'l Info)	YYYY / MM/DD		
Sexual Behaviour – Sex with a known case	YYYY / MM/DD		
Sexual Behaviour - Unknown/Anonymous Partner (Add'l Info)	TE		
Sexual Behaviour - E-partnering internet/apps (Add'l Info.)	TE		
Sexual Behaviour - Goods **provided** (food, shelter, money or drugs) in exchange for sex	TE		
Sexual Behaviour - Goods **received** (food, shelter, money or drugs) in exchange for sex	TE		
Sexual Behaviour - Events with multiple sexual partners (Add'l Info)	TE		
Exposure - Blood and body fluids (not otherwise listed) (Add'l Info.)	YYYY / MM/DD		
Exposure - Invasive body art (e.g. tattoo, body piercing, scarification)	YYYY / MM/DD		
Exposure - Non medical, non-occupational source (acupuncture, breastmilk) (Add'l Info)	YYYY / MM/DD		
Exposure - Occupational - HIV contaminated blood, body fluid	YYYY / MM/DD		
Special Population - Infant born to an infected mother	YYYY / MM/DD		
Special Population - From or residence in an endemic country (Add'l Info)			
Special Population – Pregnancy			
Special Population - Self-reported Indigenous			
Substance Use - Injection drug use (including steroids)	YYYY / MM/DD		
Risk Behavior - Sharing injection drug equipment	YYYY / MM/DD TE		
Medical Treatment - Blood, blood product or tissue recipient (Add'l Info.)	YYYY / MM/DD INTERVENTION		
Medical Treatment - Other (transplant, surgery, dental, oscopy, etc.) (Add'l Info)	YYYY / MM/DD INTERVENTION		
Blood, blood product, tissue or transplant **donor**	Document referral in Interventions and complete Appendix K – Referral to CBS, and upload into Document Management		
Unable to obtain Risk Factors ☐ yes *(not entered in Panorama – update in disposition)*			

G) UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts:_____ (number of contacts that the individual cannot name)

Include known contacts on the following pages