**Notifying health care provider’s details**

Name and surname:



Health Care Facility:



Designation:



Contact number (landline):



Mobile number:



SANC/HPCSA number:



**Patient demographics**

Full name



Surname



SA ID number



Passport/other ID number



Citizenship



Date of birth



Age



Gender





Sexual orientation





Hospital number



Is patient pregnant?



Residential address



Patient contact number



Alternative contact details



**Medical condition details**

Date of symptom onset

**Click or tap to enter a date.**

Date of diagnosis

**Click or tap to enter a date.**

Patient admission status



Clinical symptoms relating to the condition



Treatment given for condition



**Past medical history**

Was patient previously treated for this condition in past 3 months?



Previous treatment given, if applicable



Did condition persist (not resolve) despite treatment?



Were sexual partners notified/treated for this condition?



**Sexual history**

Number of regular sexual partners in past 3 months



Number of casual sexual partners in past 3 months



**Travel history**

Did the patient travel outside of usual place of residence?



Place travelled from: Place travelled to:

 

Date patient left residence: Date patient returned to residence:

**Click or tap to enter a date.** **Click or tap to enter a date.**

**Specimen details**

Was a specimen collected?



Specimen type collected, if applicable



Date of specimen collection, if applicable

**Click or tap to enter a date.**

Specimen barcode/lab number

