

**CONFIDENTIAL  
NOTIFICATION OF DONOVANOSIS**

*Pursuant to the provisions of the Public and Environmental Health Act, 1987, these are notifiable diseases.*

*To: STD Services, Royal Adelaide Hospital, North Terrace, 5000; Ph 8222 2526*

**Use envelope provided or mark envelope: STRICTLY CONFIDENTIAL**

<b>Surname:</b>	<b>Given Names:</b>	<i>Office Use Only</i>		
<b>Address:</b> .....				
<b>Post Code:</b> .....	<b>Telephone:</b> .....		<b>Date Of Birth:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Site of Lesions</b> <i>(Please circle appropriate option)</i>				
1. Anogenital		<input type="checkbox"/>		
2. Other				
(if other specify) .....				
<b>Testing and Treatment Information</b>				
<b>Date of Test:</b>	<b>Laboratory:</b> .....			
<b>Treatment:</b> .....				
<b>Epidemiological Information</b> <i>(please circle where appropriate)</i>				
<b>Sex:</b>	1. Male	2. Female	<input type="checkbox"/>	
<b>Marital Status:</b>	1. Never Married	2. Married/Defacto	3. Widowed/Div/Sep	<input type="checkbox"/>
<b>Racial:</b>	1. Aboriginal	2. Asian	3. Caucasian	<input type="checkbox"/>
	4. Other			<input type="checkbox"/>
<b>Presently Employed</b>	1. No	2. Yes	3. Sex Worker	<input type="checkbox"/>
<b>Likely Location Infection Acquired:</b>				
	1. South Australia	2. Interstate	3. Overseas	<input type="checkbox"/>
<b>Sex Of Likely Source Of Infection</b>				
	1. Male	2. Female	<input type="checkbox"/>	
<b>Follow Up Of Patient</b> <i>(please tick one of the following boxes)</i>				
<input type="checkbox"/> I Would Prefer That You Follow Up The Matter. <i>(please complete details)</i>			<input type="checkbox"/>	
<b>Preferred method for patient to be contacted:</b>				
Address: .....				
Telephone HM: ..... WK: ..... MB: .....				
<input type="checkbox"/> I Would Prefer To Follow Up Possible Contacts And Forward The Results To You.				
<b>I have informed the patient that further follow-up may be required by the South Australian Health Department.</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
Notifying Doctor: .....			NS <input type="checkbox"/> <input type="checkbox"/>	
Address:				
Telephone:			IS <input type="checkbox"/>	
<b>Signed:</b> .....				