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CONFIDENTIAL
NOTIFICATION of GONORRHOEA

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; Phone: 8222 2526
USE ENVELOPE PROVIDED OR MARK ENVELOPE: STRICTLY CONFIDENTIAL

Surname: .....**Given Name(s)**: .....
Suburb: ..... **Postcode**: .....

Office Use Only

Testing information *(please circle appropriate options)*

Notifiable Disease: ***Gonorrhoea***

Site infected*:*
1. Cervix 2. Urethra 3. Rectum
4. Vagina 5. Pharynx 6. Fallopian Tube
7. Urine 8. Other.....

Date of Test**:** ____/____/____ Laboratory**:** .....……

Clinical information *(Please circle appropriate option and/or comment on symptoms)*

1. Discharge/dysuria 2. Asymptomatic Other symptoms……

Epidemiological information *(please circle appropriate options)*

Sex: 1. Male 2. Female

Date of Birth: ____/____/____

Marital status: 1. Never Married 2. Married/Defacto 3. Widowed/Div/Sep

Racial origin: 1. Aboriginal 2. Asian 3. Caucasian 4. Other

Presently employed: 1. No 2. Yes 3. Sex Worker

Likely location infection acquired:

1. South Australia 2. Interstate 3. Overseas

If overseas, where……..

Sex of likely source of infection:

1. Male 2. Female 3. Sex Worker 4. Male and Female 9. Unknown

Follow up of patient *(please tick **one** of the following boxes)*

☐ **I would prefer that STD Services follow up the matter.**

Please complete patient contact details:

Address:.....

Suburb..... **Postcode**: .....

Telephone HM:..... **WK**: ..... **MB**:.....

Worksheet

☐ **I would prefer to follow up possible contacts to ensure appropriate testing and treatment** (patient contact details **not** required).

Yes No

I have informed the patient that further follow-up may be required by the South Australian Health Department ☐ **Yes** ☐ **No**

Medical Practitioner: .....

Address: .....

.....

Telephone: .....

Signed: .....

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09/07