Confidential

Notification of Hepatitis C Infection

W

Pursuant to the provisions of the Public and Environmental Health Act 1987, this is a notifiable disease.
Return to: STD Services, Royal Adelaide Hospital, North Terrace, 5000; Phone: *8222 2526*
USE ENVELOPE PROVIDED OR MARK ENVELOPE "CONFIDENTIAL"

Family name: ..... **Given name/s:** .....

Address: .....

Postcode: ..... **Telephone:** ..... **Hospital UR:** .....

Office Use

Please circle appropriate options

Patient Information

1. Date of Birth: ____/____/____ **2. Sex:** **1. Male** **2. Female**

3. Marital Status

1. Never Married 2. Married /Defacto 3. Widowed /Separated /Divorced

4. Racial origin

1. Aboriginal 2. Asian 3. Caucasian 4. Other.....

Country of birth 1. Australia 2. Other.....

5. Currently employed 1. No 2. Yes

Testing Information

6. Current test date: ____/____/____ **7. Laboratory**: .....

8. Previously Tested?

1. No 2. Negative 3. Positive 9. Unknown

Date of previous test ____/____/____ *Location* of previous test: SA Interstate Overseas

9. Was a test for ALT performed ? 1. No 2. Yes **ALT** Result.....

10. Hepatitis B status, current testing

1. Not done 2. HBsAntigen neg 3. HBsAntigen pos

4. Vaccinated 5. HBsAntibody pos 6. Other.....

Epidemiological Information

11. Was patient jaundiced or bilirubin elevated? 1. No. 2. Yes

12. Has the patient received blood /blood products /tissue?

1. No 2. Yes 3. Multiple Year of first transfusion __ __ __ __

If yes, where? 1. SA 2. NSW 3. VIC 4. QLD 5. NT
6. WA 7. TAS 8. ACT 10. Overseas

13. History of injecting drug use? 1. No 2. Yes 9. Unknown

If yes, age first used? ___ ___ Type of drug? .....

14. Other possible sources of infection .....

I have informed the patient that further follow-up may be required by the Health Department. 1. Yes ☐ 2. No ☐

Does the patient know the test results? Yes No

Notifying doctor: .....

Address: ..... **Postcode:** .....

Telephone: .....

Signature .....

NS

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INT

02/05

Worksheet
No Yes