

Report Date:

NOVA SCOTIA PHYSICIAN'S COMMUNICABLE DISEASE REPORT FORM

Guide for completion of form:

- Under the "Health Protection Act" all notifiable diseases must be reported to Public Health Services. Please refer to "It's the Law—Reporting Notifiable Diseases & Conditions" for the list and urgency in reporting notifiable diseases.
- Complete all information requested on this form.
- Mail or fax this to your local Public Health Services office.

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| First Name: | | | Middle Name: | | | Last Name: | | |
| DOB / / yyyy mm dd | | | Gender: | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | | |
| Phone#: | | | Health Card No: | | | Occupation/School: | | |
| Civic Address: | | | City/town: | | | Postal Code: | | |
| Family Physician: | | | | | | Phone#: | | |
| Consulting Physician: | | | | | | Phone#: | | |
| Diagnosis: | | | | | | | | |
| Onset Date: / / yyyy mm dd | | | Lab Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending, Date | | | / / yyyy mm dd | | |
| If S.T.I. | | | | | | | | |
| 1. Have all contacts been notified? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. Do you require assistance with contact tracing? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3. Was education and counseling completed? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Was treatment given? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Drug Given | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, name of drug: _____ | | | | | | | | |
| 6. a) Is this the first time this patient has been infected with an STI? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b) If this is not the first time, please provide details: _____ | | | | | | | | |
| _____ | | | | | | | | |
| 7. Other Comments: _____ | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| Reporting Physician: | | | | | | Phone#: | | |
| Reported by: | | | | | | | | |
| South Shore Public Health 215 Dominion St., Suite 200 Bridgewater, NS B4V 2K7 Tel: (902) 543-0850 Fax: (902) 543-8024 | | | Colchester East Hants Public Health 201 Willow St., 3 rd Fl. Annex Truro, NS B2N 4Z9 Tel: (902) 893-5820 Fax: (902) 893-2614 | | | Guysborough Antigonish PH 23 Bay St. Antigonish, NS B2G 2G7 Tel: (902) 867-4500 Ext. 4800 Fax: (902) 863-5111 | | |
| South West Public Health 60 Vancouver St., 4 th Fl. Yarmouth, NS B5A 2P5 Tel: (902) 742-7141 Fax: (902) 742-6062 | | | Cumberland Public Health 18 South Albion St. Amherst, NS B4H 2W3 Tel: (902) 667-3319 Fax: (902) 667-7173 | | | Cape Breton Public Health 235 Townsend St., 2 nd Floor Sydney, NS B1P 5E7 Tel: (902) 563-2400 Fax: (902) 563-2005 | | |
| Annapolis Valley Public Health 23 Earnscliffe Ave. Wolfville, NS B4P 1X4 Tel: (902) 542-6310 Fax: (902) 542-6333 | | | Pictou County Public Health 690 East River Rd. New Glasgow, NS B2H 3S1 Tel: (902) 752-5151 Fax: (902) 755-7175 | | | Capital Public Health 7 Mellor Ave., Unit 5 Dartmouth, NS B3B 0E8 Tel: (902) 481-5800 Fax: (902) 481-5889 | | |