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| THIS FORM IS FOR GENERAL NOTIFICATION OF A DISEASE OR ILLNESS |
| **Notification Details** | [ ]  General Practitioner | [ ]  Hospital Practitioner | [ ] Other |
| **NAME OF DISEASE** | **Please specify** |
| **Name of person notifying**  | **Add name** | **Date reported** | **Click for date** |
| **Organisation** | **Enter organization name** | **Phone** | **Organisation phone** |
| **Usual GP & Practice** | **GP name** | **GP Phone** | **GP phone** |
| **Patient details and risk factors** |
| **Name of case** | **Surname** | **Given name(s)** |
| **NHI Number** | **Add NHI #** | **Date of birth** | **Add DOB** | **Gender** | **Select from list** |
| **Address** | **Add address** |
| **Email address** | **Add email** |
| **Phone (home)** | **Add phone #** | **Phone (work)** | **Add alt #** | **Mobile** | **Add mobile #** |
| **Ethnicity** | **Choose an item** | **Other, please specify** |
| **Occupation**  | **Please specify** |
| **Employer**  | **Please specify** |
| **Attends/works at ELS or School:** | [ ] Yes | [ ]  No | **If Yes, name & area of facility:**  **Add name and area** |
| **Hospitalised:** | [ ] Yes | [ ]  No | **Choose an item**. |
| **Pregnant** | [ ]  Yes | [ ]  No |
| **BASIS OF DIAGNOSIS**  |
| **Symptoms** | **Please specify** |
| **Onset date of symptoms** | **Select date** |
| **Medication / Prescription** | **Add comments here** |
| **CLINICAL MANAGEMENT**  |
| **Laboratory confirmation of disease** | [ ]  Yes | [ ]  No | **If yes, please specify** |
| **Isolation advice (if appropriate)** | [ ]  Yes | [ ]  No | **Isolation start date** |
| **ADDITIONAL COMMENTS****E.g. Known high risk contacts, suspected source of infection or significant exposure events**  |
| **Add comments here** |

 **Thank you for completing this form. You may be contacted by ARPHS for further information.
Email ARPHS at** **notify@adhb.govt.nz**