



CTU-0167

Sex: _____ Gender identity: _____ Pronouns: _____

INDEX CASE NOTIFICATION AND PARTNER NOTIFICATION (IPPAP)

Date: _____ Time: _____ Location, consultation service: _____
 Home community: _____

Reason for contacting user

Results + for (infection + site): _____

Chemoprophylaxis / contact of (infection + site): _____

Additional information

Contact method: _____ Date of last sexual relation: _____

Other relevant information: _____

Home community notified (if same health centre):

IPPAP faxed to stbbi.nrbhss@ssss.gouv.qc.ca (if user under another health centre or DPH)

IPPAP faxed to local advisor, if applicable

Attempts to contact user

- If first attempt, leave a note on first page of user's record.
- After three attempts, insert this document in user's record.
- After a refusal, end follow-up, insert this document in record and leave a note on first page of user's record.

Attempt No. 1	Attempt No. 2	Attempt No. 3
Date and time: _____	Date and time: _____	Date and time: _____
Method: _____	Method: _____	Method: _____
Initials: _____	Initials: _____	Initials: _____
<input type="checkbox"/> Notified, appt. date: _____	<input type="checkbox"/> Notified, appt. date: _____	<input type="checkbox"/> Notified, appt. date: _____
<input type="checkbox"/> Not contacted	<input type="checkbox"/> Not contacted	<input type="checkbox"/> Not contacted
<input type="checkbox"/> Refused consultation	<input type="checkbox"/> Refused consultation	<input type="checkbox"/> Refused consultation
<input type="checkbox"/> Message left	<input type="checkbox"/> Message left	<input type="checkbox"/> Message left
<input type="checkbox"/> Did not show up for appt.	<input type="checkbox"/> Did not show up for appt.	<input type="checkbox"/> Did not show up for appt.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature, title and initials: _____ Date and time: _____

Signature, title and initials: _____ Date and time: _____

Signature, title and initials: _____ Date and time: _____

Medical record