

CONTACT FOLLOW-UP: CHLAMYDIA AND GONORRHEA continued

Please only list partners that the client requests to be notified ANONYMOUSLY by a Public Health Nurse. Do not include partners whom the client will be notifying.

CLIENT		
SURNAME	FIRST NAME	DOB (DD/MMM/YYYY)

CONTACT INFORMATION #1			
SURNAME		FIRST NAME	
STREET ADDRESS		CITY AND PROVINCE	POSTAL CODE
EMAIL ADDRESS	HOME PHONE	BUSINESS PHONE	CELL PHONE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender: <input type="checkbox"/> MTF or <input type="checkbox"/> FTM Another gender – specify: _____	AGE	DOB (DD/MMM/YYYY)	ETHNICITY
DATE OF EXPOSURE (DD/MMM/YYYY)	TREATMENT		DATE (DD/MMM/YYYY)

CONTACT INFORMATION #2			
SURNAME		FIRST NAME	
STREET ADDRESS		CITY AND PROVINCE	POSTAL CODE
EMAIL ADDRESS	HOME PHONE	BUSINESS PHONE	CELL PHONE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender: <input type="checkbox"/> MTF or <input type="checkbox"/> FTM Another gender – specify: _____	AGE	DOB (DD/MMM/YYYY)	ETHNICITY
DATE OF EXPOSURE (DD/MMM/YYYY)	TREATMENT		DATE (DD/MMM/YYYY)

CONTACT INFORMATION #3			
SURNAME		FIRST NAME	
STREET ADDRESS		CITY AND PROVINCE	POSTAL CODE
EMAIL ADDRESS	HOME PHONE	BUSINESS PHONE	CELL PHONE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender: <input type="checkbox"/> MTF or <input type="checkbox"/> FTM Another gender – specify: _____	AGE	DOB (DD/MMM/YYYY)	ETHNICITY
DATE OF EXPOSURE (DD/MMM/YYYY)	TREATMENT		DATE (DD/MMM/YYYY)

ETHNICITY CATEGORIES	
Please ask client which ethnicity does he/she identifies with:	
<ul style="list-style-type: none"> • First Nations – specify Status or Non-Status • Metis • Inuit • Japanese • Korean • Filipino • Chinese e.g. Chinese, Taiwanese • Arab e.g. Egyptian, Iranian, Lebanese, Moroccan • Black e.g. African, Haitian, Jamaican, Somali 	<ul style="list-style-type: none"> • Latin American e.g. Mexican, Central/South American • White e.g. Scottish, English, Portuguese, Italian, Russian • South Asian e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi • Southeast Asian e.g. Vietnamese, Cambodian, Indonesian, Laotian • West Asian e.g. Afghan, Assyrian, Iranian • Other – includes mixed ethnicity (specify) • Unknown • Declined to answer