

## NOTES FOR PARTNER NOTIFICATION

Date: \_\_\_\_\_ Home community: \_\_\_\_\_

First and last names of index case/person tested: \_\_\_\_\_ Sex: ♀ ♂ Date of birth: \_\_\_\_\_ Record no.: \_\_\_\_\_

Results positive for (infection):  Gonorhea  Chlamydia  Syphilis  Other: \_\_\_\_\_

Information on partners	
First and last names: Sex: ♀ ♂ Date of birth: Record no.: Contact method: Date of last sexual relation: Home community: Other relevant information:	First and last names: Sex: ♀ ♂ Date of birth: Record no.: Contact method: Date of last sexual relation: Home community: Other relevant information:
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**Notes:** \_\_\_\_\_

**For all cases and suspected cases of syphilis, send the information on the partners of the infected individual (index case) by e-mail or by faxing this form to the DPH at: [stbbi.nrbhss@ssss.gouv.qc.ca](mailto:stbbi.nrbhss@ssss.gouv.qc.ca)**

**Report each partner on an individual IPPAP form or on the *Excel* follow-up tool and destroy the present document afterward.**

**DO NOT CLASSIFY WITH RECORD**