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商業回郵牌號: 7487

**Department of Health
Centre for Health Protection
Special Preventive Programme
(Attn: Consultant Physician)
2/F Wang Tau Hom Jockey Club Clinic
200 Junction Road East
Kowloon**

九龍
聯合道東 200 號
橫頭磡賽馬會診所二樓
特別預防計劃辦事處
顧問醫生

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Please fold and seal here 請在此對摺及封口

DEPARTMENT OF HEALTH**HIV/AIDS Report Form**

The HIV/AIDS voluntary reporting system has been in place since 1984. All doctors are encouraged to report patients with HIV/AIDS and to update status of the previously reported cases where appropriate. This is an anonymous and confidential system. Data collected is crucial for understanding the HIV epidemiology in Hong Kong and is used in global analysis only. Aggregate statistics are released quarterly and can be obtained at www.aids.gov.hk. For any query, please call 3143 7225 or email us at aids@dh.gov.hk.

Please complete ALL sections and '✓' in the appropriate box.

Section (A) – Report of HIV

[1] THIS is a NEW report or UPDATE of previous reported case

[2] Your reference code number¹: _____ [3] Does the patient have a HK identity card? Yes No

[4] Sex : M F For female, is she pregnant? No Yes If yes, go to Box I

[5] Date of birth: ____ / ____ / ____ (ddmmyyyy) OR Age at last birthday: _____

[6] Ethnicity: Chinese Asian Caucasian Black Others: _____ Unknown

[7] Suspected risk(s) for HIV infection²

Heterosexual Homosexual Bisexual

Injecting drug use

Transfusion of blood/blood products (Haemophilia: Yes No)

Perinatal

Others, please specify: _____

Asked, but risk undetermined

Not asked

Box 1

Gravida ____ Para ____ LMP ____ / ____ / ____ (ddmmyyyy)

Obstetric follow up clinic/ hospital :

Plan: TOP Continue pregnancy

Expected hospital/place of delivery: _____

[8] Suspected place of infection: Hong Kong Mainland China, specify: _____ Others, specify: _____

Asked, but undetermined Not asked

[9] Date of laboratory diagnosis in HK: ____ / ____ / ____ (ddmmyyyy) [10] Western blot confirmation: Yes No

[11] Name of Laboratory: _____ [12] Laboratory Number, if a/v: _____

[13] Previous HIV diagnosis outside HK: No Yes If yes, date: ____ / ____ / ____ (ddmmyyyy) place: _____

[14] Date of last negative HIV test: ____ / ____ / ____ (ddmmyyyy)

[15] CD4 (cells/μl): _____ Date: ____ / ____ / ____ (ddmmyyyy)

[16] HIV status of spouse/regular partner: HIV positive HIV negative Unknown

Section (B) – Report of AIDS

[17] Has the patient developed AIDS³: Yes No (Go to Section C)

[18] If yes, the AIDS defining illness(es) is (are):

(i) _____ Date of diagnosis: ____ / ____ / ____ (ddmmyyyy)

(ii) _____ Date of diagnosis: ____ / ____ / ____ (ddmmyyyy)

(iii) _____ Date of diagnosis: ____ / ____ / ____ (ddmmyyyy)

[19] CD4 (cells/μl) at AIDS: _____ Date: ____ / ____ / ____ (ddmmyyyy)

Section (C) – Report of deaths and defaults

[20] Has the patient died? Yes No If yes, date of death: ____ / ____ / ____ (ddmmyyyy) Cause: _____

[21] Has the patient left HK/defaulted follow up? Yes No If yes, last seen on: ____ / ____ / ____ (ddmmyyyy)

Section (D) – Correspondence

Name of medical practitioner: _____ in private practice in public service

Correspondence Address: _____

Tel: _____ Fax: _____

Email: _____ Date: ____ / ____ / ____ (ddmmyyyy)

¹ Please put down any code of your choice (e.g., case number) for matching purpose only.

² Please tick the most likely risk for contracting HIV infection. If there is more than 1 suspected risks, please put down 1 & 2 in descending order of the two most likely risks.

³ Surveillance definition of AIDS: a definitive laboratory diagnosis of HIV infection AND one or more of the AIDS indicator conditions (July 1995, Scientific Committee on AIDS. Available at www.aids.gov.hk/report.htm).

ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE