

# Confidential and Routine Notification of Donovanosis by Medical Practitioners



Department  
of Health

Donovanosis requires written notification to the Department of Health upon initial diagnosis within five days to:

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

Please ensure the case has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

## Case details—please answer all questions

Provide only the first two letters of first and last names

Last name	First name	Postcode of residence

Date of birth	Sex
	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> Other, specify > _____

Identified gender

Male  
 Female  
 Non-binary  
 They use a different term, please specify > \_\_\_\_\_

Is the case of Aboriginal or Torres Strait Islander origin

No  
 Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Unknown

Country of birth ...country ...year arrived in Australia

Australia  
 Overseas > \_\_\_\_\_  
 Unknown

Alive/deceased

Alive  
 Died due to this infection > \_\_\_\_\_  
 Died due to other causes > \_\_\_\_\_

...date of death

## Clinical history

Has laboratory testing been requested

No  
 Confirmed, specify lab > \_\_\_\_\_  
 Pending, specify lab > \_\_\_\_\_

At diagnosis, did the case present with signs and symptoms of donovanosis

Yes, specify onset date (first symptom) > \_\_\_\_\_  
 No  
 Unknown

**Partner notification and treatment is an essential component of the management of donovanosis, and it is the responsibility of the treating doctor to discuss this with the patient. If you would like support with partner notification, DH Partner Notification Officers (PNOs) can be contacted on (03) 9096 3367.**

Please indicate below:

I require contact tracing support, please arrange for a PNO to contact me  
 I have already referred this case to a Partner Notification Officer  
 I do not require support with contact tracing

## Risk and exposure history

Is the case on PrEP

Yes  
 No  
 Unknown

Is the case a person living with HIV

Yes  
 No  
 Unknown

Why was the case tested (tick all that apply)

STI screening requested by case  
 STI screening recommended by doctor  
 Case presented with clinical signs and symptoms of gonorrhoea  
 Case presented with clinical signs and symptoms of another STI  
 Case was a contact of an infected individual  
 Antenatal screening  
 Post treatment follow-up/treatment failure  
 Screening for PrEP  
 Other, specify > \_\_\_\_\_

This infection was likely acquired from

Person of opposite sex only  
 Person of same sex only  
 People of both sexes  
 Unknown  
 Other, specify > \_\_\_\_\_

The sexual partner(s) above were (tick all that apply)

Casual partner  
 Regular partner  
 Client (the case is a sex worker)  
 Sex worker  
 Unknown  
 Other, specify > \_\_\_\_\_

Where was the infection probably acquired

Victoria  
 Interstate, specify > \_\_\_\_\_  
 Overseas, specify > \_\_\_\_\_  
 Unknown

## Clinical comments

Include risk factors, mode of transmission, treatment, etc

## Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date