



Notification of death in a person with HIV infection

Office use only

State number

National number

Confidential

form revised : January 2017

1 Patient identification

Family name (First two letters only)

Given name (First two letters only)

Date of birth

Sex ☐ Male ☐ Female ☐ Transgender

Hospital/Clinic Code (Optional)

Postcode of current residence

2 Source of information on death

(more than one may be ticked)

☐ Treating Doctor

Name

Address

Hospital/Clinic name (If appropriate)

☐ State/Territory Register of Death

☐ Other (Specify)

3 Information on death

Date of death

Had the person been diagnosed with AIDS?

☐ Yes ☐ No ☐ Not known

Was the cause of death an illness related to AIDS?

☐ Yes ☐ No

*If the cause of death was **not due to AIDS**, indicate the other cause of death*

- ☐ Not reported
- ☐ Accidental
- ☐ Cancer
- ☐ Drug overdose
- ☐ Heart or vascular disease
- ☐ Liver disease
- ☐ Suicide
- ☐ Other cause
(Specify)

Return completed form to:

HIV Public Health Team

Locked bag 28 FORTITUDE VALLEY BC QLD 4006

Tel: 07 3328 9797 Fax: 07 3328 9799

Email: HIV_PH_Team@health.qld.gov.au