

**QLD no. and name code**

Click or tap here to enter text.

**Request for HIV Public Health Team advice or assistance**

The HIV Public Health Team nurses are authorised on behalf of the Department of Health to:

* *follow up all Queensland HIV notifications (new diagnoses and transfers into Queensland) and seek information to assist in containing the spread of HIV and protecting the public.*
* *provide advice or assistance to clinicians and people with HIV regarding referral pathways, linkage and engagement with HIV management.*
* *provide advice or assistance to clinicians and people with HIV with contact tracing, aimed at preventing or minimising the spread of HIV.*
* *provide advice on HIV-related public health concerns and assistance to clinicians managing people with HIV whose behaviours may place others at risk of HIV.*

**Person making request:** Click or tap here to enter text. **Date of request: ­­­­­­­­­­­­­­­­­­**Click or tap to enter a date.

*Name:* Click or tap here to enter text. *Workplace:* Click or tap here to enter text.

*Phone:* Click or tap here to enter text. *Email:* Click or tap here to enter text.

**Details of the concern:** *(provide a clear statement of concerns e.g. failure to link to care or disengaged from treatment and care, possible HIV transmission risks, identified as possible source of a new diagnosis of HIV, brief details of relevant history or background, risk factors, key stakeholders. Include timeframes where relevant)*

**Name of person:** *(include alias)*Click or tap here to enter text. **Clinic no/code:** Click or tap here to enter text.

**Date of birth:** Click or tap to enter a date. **Country of birth:** Click or tap here to enter text. **Language:** Click or tap here to enter text.

**Indigenous:**Click or tap here to enter text. **Gender identity:** Click or tap here to enter text. **Sexual Orientation:** Click or tap here to enter text.

**HIV transmission risks:** Click or tap here to enter text.

**Contact details:** *(Address, phone, email, website profile name, etc)* Click or tap here to enter text.

**HIV diagnosis date:** Click or tap to enter a date. **HIV medical manager:** Click or tap here to enter text.

**Last medical review:** Click or tap here to enter text.

**Date of tests and results:** Click or tap to enter a date. **VL:** Click or tap here to enter text.

**CD4:** Click or tap here to enter text.

**Last STI check**: Click or tap to enter a date. **Results**: Click or tap here to enter text.

**ART:** Click or tap here to enter text. **Adherence**: Click or tap here to enter text.

**GP/care team details**: Click or tap here to enter text.

**How has the person been identified?** *(person is known to your service, photograph verified by contact/s, current details provided by contacts,)* Click or tap here to enter text.

**If relevant, please provide details of any contacts who may be at risk** (*known and unknown)****:*** Click or tap here to enter text.

**Actions implemented and outcomes:** *(details (including dates) of public health interventions, the person’s response to any interventions, please provide any relevant information)*

*Every person with HIV should be provided with: effective clinical management and access to treatment; access to psychosocial and peer support; counselling about prevention of transmission of HIV to others, including the role of treatment in reducing the risk of transmission and support to ensure that all at risk contacts or partners are identified and tested for HIV.*

Click or tap here to enter text.

**Briefly explain what assistance is requested from the HIV Public Health Team**

Click or tap here to enter text.

**Are there potential issues or safety concerns as a result of referral? No** [ ]  **Yes** [ ] (specify) **Unknown** [ ]

**Is the person aware of the referral? Yes** [ ]  **No** [ ] (why not?)

**Any other relevant comments/details?** Click or tap here to enter text.

Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

**Return via**

**HIV\_PH\_Team@health.qld.gov.au**

**or FAX: 07 3328 9799**

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| **HPHT USE ONLY** |
| □ Lost to follow up□ Facilitate engagement in care□ Contact tracing□ HIV-related public health concern□ Placing others at risk of HIV□ Other………………………………… 2021 03 |