CONFIDENTIAL—Notification of Death in a Person with HIV Infection

State Government Victoria Department of Health

Please complete and return to:
Communicable Disease Prevention and Control, Department of Health, Reply Paid 65937, Melbourne VIC 8060.

1. Notifying Doctor / Source of Information on Death

Source of Information on Death

- ☐ Treating Doctor
- ☐ Other Doctor or Hospital
- ☐ State/Territory Register of Death
- ☐ Other — specify

Name of **Notifying Doctor or Agent** (include hospital name if appropriate)

Address Line 1

Address Line 2

City/Suburb/Town

Postcode

Telephone

Signature

Date

2. Patient Reference and Characteristics

IMPORTANT—to prevent identification of the patient, only provide the first two letters of the patient's family and given names in the boxes provided

Namecode Surname First Name

What is the patient's **postcode** of usual residence?

What is the patient's **sex**?

- ☐ Female
- ☐ Male
- ☐ Transgender

What is the patient's **date of birth**?

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, please indicate the other cause of death below
  - ☐ Not reported
  - ☐ Accidental
  - ☐ Cancer
  - ☐ Drug overdose
  - ☐ Heart or vascular disease
  - ☐ Liver disease
  - ☐ Suicide
  - ☐ Other cause, please specify below

DoH Use Only

DoH Received

PNOs Received

MBC Received

Call-back performed by:

State Reference