

>>לפר ⊃ביכמי ואם∆זירלסים ש UNGAVA TULATTAVIK HEALTH CENTER CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA
Centre de santé et Services Sociaux Inuulitaivik Inuulitaivik Health & Social Services Centre Piwmniug, Guébec JOM 190



Sex: Gender identity:

Pronouns:

INDEX CASE NOTIFICATION AND PARTNER NOTIFICATION (IPPAP)

Date:	Time:	Location, consultation service:				
Home community:						
Reason for conta	cting user					
□ Results + for (infe	ection + site):					
Chemoprophylax	is / contact of (infection + site):	·				
Additional inform	nation					
Contact method:		Date of last sexual relation:				
Other relevant inform	nation:					

□ Home community notified (if same health centre):

IPPAP faxed to stbbi.nrbhss@ssss.gouv.qc.ca (if user under another health centre or DPH

□ IPPAP faxed to local advisor, if applicable

Attempts to contact user						
If first attempt, leave a note on first page of user's record.						
 After three attempts, insert this document in user's record. 						
 After a refusal, end follow-up, insert this document in record and leave a note on first page of user's record. 						
Attempt No. 1	Attempt No. 2	Attempt No. 3				
Date and time:	Date and time:	Date and time:				
Method:	Method:	Method:				
Initials:	Initials:	Initials:				
Notified, appt. date:	Notified, appt. date:	_ Notified, appt. date:				
Not contacted	Not contacted	Not contacted				
Refused consultation	Refused consultation	Refused consultation				
☐ Message left	Message left	Message left				
Did not show up for appt.	Did not show up for appt.	Did not show up for appt.				
		_				
Signature, title and initials:		Date and time:				
Signature, title and initials:		Date and time:				
Signature, title and initials:		Date and time:				

Medical record