

Notification of death in a person with HIV infection

Office use only

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State number

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National number

Confidential

form revised : April 2015

1 Patient identification

Family name (First two letters only)

Given name (First two letters only)

Date of birth _____ / ____ / ____
(DD/MM/YYYY)

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 _____ / ____ / ____

(DD/MM/YYYY)

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 password protected form to:

Skye McGregor
The Kirby Institute, UNSW
Tel: 02 9385 0900 Fax: 02 9385 0920
Email: smcgregor@kirby.unsw.edu.au
Website: www.kirby.unsw.edu.au

State/Territory health authority use only

State/Territory Initials of State/Territory Officer

Date notification received at State/Territory Health Authority _____ / ____ / ____

(DD/MM/YYYY)

Date forwarded to Kirby Institute _____ / ____ / ____

(DD/MM/YYYY)