

Please return completed form within 5 days of CPO confirmation to the department by faxing 1300 651 170. For enquiries please email amr.secretariat@health.vic.gov.au.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

**Case details—please answer all questions**

Last name

First name(s)

Date of birth

Medicare or other healthcare identifier

Sex

Male  
 Female  
 Other, specify > \_\_\_\_\_

Identified gender

Male  
 Female  
 Non-binary  
 They use a different term, please specify > \_\_\_\_\_  
 Unknown

Residential address

Suburb/town

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin

No  
 Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Unknown

Country of birth ...country

...year arrived in Australia

Australia  
 Unknown  
 Overseas > \_\_\_\_\_

Language spoken at home

Interpreter required

No  
 Yes

**Notifier (your) details**

Name

Medicare provider no.

Department use only

320 \_\_\_\_\_

Practice/Facility name and Address

City

Postcode

Telephone

Fax

Date

Date of form completion

## Clinical details

Isolation of CPO from this case represents

Colonisation  
 Infection  
 Unknown

If CPO isolation represents infection, what is the site of infection (tick all that apply)

Bacteraemia — IV device related  
 Bacteraemia — with focus, specify > \_\_\_\_\_  
 Bacteraemia — without obvious focus  
 Central nervous system  
 Genital tract  
 Infection of prosthetic material  
 Intra-abdominal  
 Respiratory tract  
 Skin/soft tissue  
 Surgical wound  
 Urinary tract  
 Other, specify > \_\_\_\_\_

Current admission status

Current inpatient  
 Discharged, specify discharge date > \_\_\_\_\_  
 Not applicable

Is the case deceased

No  
 Yes, specify date of death > \_\_\_\_\_

Clinical comments or cause of death

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## GP details

Full name

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Facility name (laboratory / health care / aged care / medical practice)

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Address

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City

Postcode

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Telephone

Fax

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## Risk history

Who was the risk history obtained from

The case  
 Other person, specify name of person and relationship to case below

Person interviewed

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Relationship to case

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Why wasn't the case interviewed

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## Risk history (continued)

Has the case ever been hospitalised at any facility in Australia (including emergency or day procedure) since 2000

No  
 Unknown

 Yes, specify ALL facilities below (additional facilities can be listed in the Notes section)

Facility 1	Approximate year
Facility 2	_____
Facility 3	_____
Facility 4	_____
Facility 5	_____
Facility 6	_____

Has the case ever been a resident of a long-term residential care facility in Australia (including respite)

Yes, specify all facilities > \_\_\_\_\_  
 No  
 Unknown

Has the case ever been engaged in healthcare work

Yes  
 No  
 Unknown

Does the case know if they have ever had contact with a known CPO positive case

Yes, specify > \_\_\_\_\_ Name and DOB of positive case  
 No  
 Unknown

Did the case have any household contact with a recently returned traveller or an overseas visitor within the last 4 years

Yes, specify > \_\_\_\_\_ Country  
 No  
 Unknown

Was the contact admitted to a healthcare facility overseas

Yes, specify country > \_\_\_\_\_  
 No  
 Unknown

Has the case spent time outside of Australia in the last 4 years

Yes, Australian resident travelling overseas  
 Yes, overseas resident  
 No  
 Unknown

If "Yes" to the above question, complete an 'Overseas exposures' column for each country visited.

Has the case had any other high-risk travel outside Australia in the past 10 years (e.g. visiting friends or relatives, resident (&gt;3 months), or significant illness or healthcare contact) not already documented in the Overseas Exposures section of this form

Yes, specify > \_\_\_\_\_  
 No  
 Unknown

## Overseas exposures - Complete only for time spent outside of Australia in the last 4 years

Complete one column for every country visited. Copy this page if required for additional countries.

Country	Arrived	Departed
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## Reason for time spent in this country (tick all that apply)

- Holiday or business
- Residence in country of birth
- Residence in country other than birth
- Visiting friends and relatives
- Other, specify > \_\_\_\_\_

Did the case travel with the *intention* of receiving medical, dental or other healthcare in this country

- Yes — Dental       No
- Yes — Medical       Unknown
- Yes — Other

## Did the case have contact with a healthcare facility in this country

(tick all that apply)

- Yes — as a patient, specify location below       No
- Yes — as staff, specify location below       Unknown
- Yes — visiting a patient, specify location below

Location within facility      Visit/admitted      Discharged

<input type="checkbox"/> Acute hospital admission	_____	_____
<input type="checkbox"/> Acute hospital emergency	_____	_____
<input type="checkbox"/> Acute hospital outpatients	_____	_____
<input type="checkbox"/> Day procedure centre	_____	_____
<input type="checkbox"/> Dental practice/surgery	_____	_____
<input type="checkbox"/> General practice	_____	_____
<input type="checkbox"/> Other, specify type > _____	_____	_____

## Did the case receive any medical treatment or procedures in this country

- Yes, specify > \_\_\_\_\_
- No
- Unknown

## Any further details on travel in this country

\_\_\_\_\_

\_\_\_\_\_

## Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_