Government of Saskatchewan

PANORAMA

Hepatitis C Contacts

Complete one page per contact

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

A) CONTACTS

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _______	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	
Phone #: ☐ Primary Home: ☐ Workplace: ☐ Mobile contact: ☐ alternate phone: Relationship:	**e-mail Address:**	
Place of Employment/School:	**Is client pregnant?** ☐ Yes ☐ No ☐ Unknown	
Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home):		
Exposure Dates: 1st YYYY / MM / DD to YYYY / MM / DD **Exposure Type**: ☐ Sexual ☐ Household ☐ Sharing Injection/ Non-injection Drug Equipment		
Comments:	**INTERVENTION** **Testing** ☐ Advised ☐ Received **Immunization** ☐ Advised ☐ Received **Prevention/Control measures** ☐ Provided **Referral** (Specify)	

B) CONTACTS

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _______	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	
Phone #: ☐ Primary Home: ☐ Workplace: ☐ Mobile contact: ☐ alternate phone: Relationship:	**e-mail Address:**	
Place of Employment/School:	**Is client pregnant?** ☐ Yes ☐ No ☐ Unknown	
Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home):		
Exposure Dates: 1st YYYY / MM / DD to YYYY / MM / DD **Exposure Type**: ☐ Sexual ☐ Household ☐ Sharing Injection/ Non-injection Drug Equipment		
Comments:	**INTERVENTION** **Testing** ☐ Advised ☐ Received **Immunization** ☐ Advised ☐ Received **Prevention/Control measures** ☐ Provided **Referral** (Specify)	