NSW HEALTH

H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA)

General Practice and Aboriginal Medical Service anti-influenza treatment record form

This form is to be used to keep a record of Oseltamivir (Tamiflu) and Zanamivir (Relenza) treatment provided from the Australian Government's national medical stockpile. The form should be completed each time treatment is provided, and should be faxed to the NSW State Vaccine Centre prior to requesting re-supply. Records must be made available immediately upon request by NSW Health, and may be used to audit your practice.

Practice Name: _____VAN: _____Phone: _____

Patient Name	DOB (dd/mm/yyyy)	Sex (M/F)	ILI symptoms (fever and cough/ sore throat) present?(Y/N)	Treatment within 48 hours of symptom onset? (Y/N)	Risk factor (Specify: Pregnant / chronic disease / Aboriginal /immunosuppressed / morbid obesity)	Illness severity (Specify: mild / moderate / severe)	Treatment used? (Specify: Tamiflu/Relenza)	Date treatment commenced (dd/mm/yyyy)	Name of treating practitioner
Please start a new form after sending an order to the NSW Vaccine Centre									

Note: By treating patients with anti-influenza medication from the National Medical Stockpile, you are agreeing to comply with the Australian Government treatment criteria.

Enquiries regarding orders/dispatch: 1300 656 132 Fax to 1800 041 528