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| **1. SURVEILLANCE SITE INFORMATION** | | | | | | | |
| 1.1 Clinic: {{Clinic}} | | | | | | | |
| 2. DEMOGRAPHIC DATA | | | | | | | |
| 2.1 Consult Date:  {{Consult\_Date}} | 2.2 Consult Type: {{Consult\_Type}} | | 2.3 Client\_Type: {{Client\_Type}} | 2.4 Clinic\_Code: {{Clinic\_Code}} | 2.5 UIC/Patient ID: {{Uic\_Ptid}} | EGASP ID: {{Egasp\_ID}} | |
| 2.6 Name: | | | | | | | |
| *First Name* | | | *Middle Name* | | *Last Name* | | *Suffix* |
| 2.7 Birthdate: | | 2.8. Age | 2.9 Sex at birth: | 2.10 Gender Identity | | | |
|  |  | |  | If other, specify: | | | |
|  |  | |  |  | | | |