

Request for Information Reportable/Communicable Disease - Chlamydia

Information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990.

Date:

Clinic/Practitioner:

Fax:

From:

Tel: 1-800-265-7293

Fax: 1-855-934-5463

PLEASE COMPLETE FORM AND RETURN WITHIN 5 BUSINESS DAYS

Patient Name: _____ D.O.B.: _____
Address: _____
Tel: _____ Cell: _____

Patient demographics correct?

Yes No

Reason for Testing

Routine: Yes No

Contact of Case: Yes No

Symptomatic: Yes No If yes, please list _____

Patient pregnant: Yes No If yes, please provide E.D.D. _____

Patient co-infection: HIV: Yes No VDRL: Yes No Gonorrhea: Yes No

Patient advised of result: Yes No

Patient advised to notify possible partners from the last 60 days: Yes No

Multiple sex partners: Yes No Same sex partners: Yes No

Who will notify partners? Patient (case) Health care provider

Partner notification: All partners 60 days prior to diagnosis advised to seek testing and treatment

First Line Treatment

Azithromycin 1gm P.O. Date: _____

OR

Doxycycline 100mg P.O. BID x 7 days Date: _____

Counselling Provided

TEST OF CURE: recommended for pregnant, second line treatment, rectal/pharyngeal, suspected non-compliance Chlamydia NAAT 4-6 weeks post treatment.

TEST OF CURE not applicable

Patient advised to abstain from all sexual activity (oral, anal and vaginal) for 7 days post treatment. Safer sex practices discussed, e.g. use of condoms.

Health Care Practitioner: _____

Date: _____

Azithromycin, Doxycycline and Ceftriaxone are available free of charge through Public Health.

To order your free STI medication, please download an STI order form from our website.

A PHN will attempt to contact patient for counselling, partner notification and future infection prevention. We will also confirm that the patient took and tolerated the medication you prescribed. We will discuss test of cure and other possible STI testing if appropriate post treatment.



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