

**Request for Information:
Reportable/ Communicable Disease**
Under Health Protection and Promotion Act

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Gonorrhea

Date:

To:

Fax No:

From: Nancy Gibbison PHN Tel: 1-800-265-7293

Fax No: 1-855-934-5463

PLEASE COMPLETE FORM AND RETURN AS SOON AS POSSIBLE

Client : (D.O.B) :

Client Demographics correct?
 Yes No

Address :

Please provide a contact number that the client can be reached at. A cell phone number is preferred.

Tel# : _____ Cell#: _____

Reason for Testing:

- Routine
- Symptomatic, Symptoms: _____
- STI Contact
- Prenatal screen E.D.D: _____

Patient advised of result Yes No

Patient advised to notify possible contacts from the last 60 Days prior to diagnosis or onset of symptoms?
 Yes No

First Line Treatment

- Ceftriaxone 250 mg IM STAT with Azithromycin 1gm P.O. date: ___/___/___

Alternative Treatment see Public Health Ontario's Gonorrhea Guidelines.

http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_Guide_2013.pdf

Other: _____ date: ___/___/___

Was your patient advised that Public Health will contact them? Yes No Unknown

Have you advised the client to refrain from having unprotected sexual activity x 1 week after client and partner(s) have completed treatment? Yes No Unknown

A PHN will attempt to contact client for counselling, partner notification and future infection prevention. We will discuss test of cure and other possible STI testing if appropriate post treatment.

Please refer to the recent update on testing and treatment of Gonorrhea in Ontario, 2013 for more information.

Ceftriaxone and Azithromycin are available free of charge for administration to your client, please call Public Health at 1-800-265-7293.

Health care practitioner: _____ Date: _____

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