

# BRANT COUNTY HEALTH UNIT STI REPORTING FORM

CHLAMYDIA     GONORRHEA

Patient's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ (PLEASE PROVIDE)

Date of Birth: \_\_\_\_\_

Lab collection date: \_\_\_\_\_

For appropriate treatment, please refer to BCHU Recommended Treatment Chart (2017) or as current	
Medication Given (check all that apply)	Date Provided (yy/mm/dd)
<input type="checkbox"/> Azithromycin 1 gm PO in a single dose	
<input type="checkbox"/> Ceftriaxone 250 mg IM single dose	
<input type="checkbox"/> Doxycycline 100 mg PO bid for 7 days	
<input type="checkbox"/> Other, <b>specify reason for alternative treatment:</b>	
<b>Provision of treatment:</b> <input type="checkbox"/> FREE treatment was provided in office <input type="checkbox"/> Rx provided to client to take to a pharmacy	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>To order free STI medication: 519-753-4937 ext. 452</b> </div>	
Reason For Testing	Client Risk Factors
<input type="checkbox"/> Symptoms: _____ <input type="checkbox"/> Contact Tracing: have partners been notified? _____ <input type="checkbox"/> Routine Screening <input type="checkbox"/> Prenatal Screening <input type="checkbox"/> Therapeutic/Medical abortion <input type="checkbox"/> Sexual Assault (Note: the health unit is not required to contact the client if health teaching, as outlined below, has been provided.)	<input type="checkbox"/> Pregnant <input type="checkbox"/> Anonymous sex <input type="checkbox"/> Condom breakage <input type="checkbox"/> Met contact through internet (apps/online) <input type="checkbox"/> Judgement impaired by drugs/alcohol <input type="checkbox"/> More than 1 contact in last 6 months # _____ <input type="checkbox"/> No condom used <input type="checkbox"/> New contact in past 2 months

**Health Teaching Provided (check all that apply)**

- Abstain from sex for 7 days after completion of a single-dose treatment or until completion of multiple-dose treatment**
- Return to clinic for re-treatment if emesis within 1 hour of taking medication
- Notify any sexual partners** in the past 60 days prior to symptom onset or date of diagnosis if the client is asymptomatic.
- Please check this box if patient requires anonymous partner notification by Public Health.**

Contact name and phone number: \_\_\_\_\_

Inform your patient this infection is reportable to public health.

Follow up recommendations: \_\_\_\_\_

**Practitioner or designate completing the form:** \_\_\_\_\_

This information is collected under the authority of the Health Protection and Promotion Act, Section 5, and in accordance with the Personal Health Information Protection Act and the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Co-ordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519-753-4937, Ext 222.