

FAX to 0161 230 2691
RU Clear operates Safe Haven faxing procedures.
The office is open : Mon-Fri 9am-4.30pm

B Partner notification

Treatment site _____ Treatment date _____
 Index Name _____ Male / Female (Circle)
 DOB _____ Chlamydia Reference Number _____
 Number of partners in the last 6 Months _____

Please obtain details of all partners within the last 6 months, if there was only one, or no partners within the last 6 Months, please obtain details of the two most recent partners

Partner No

Name _____ Male / Female (Circle)
 DOB _____ Phone _____

Address _____

Postcode _____ LSI: _____

Condom use always / sometimes / never Length of relationship _____

Partner Referral Method: Patient / Provider / Untraceable

If Partner does not attend treatment within 2 weeks can RU clear office contact this partner? YES / NO

If 'Provider'-method of contact: Telephone / Letter

If 'Patient' please tick one of the following:

Patient contact slip is ed partner already treated at: Location _____

Partner No

Name _____ Male / Female (Circle)
 DOB _____ Phone _____

Address _____

Postcode _____ LSI: _____

Condom use always / sometimes / never Length of relationship _____

Partner Referral Method: Patient / Provider / Untraceable

If Partner does not attend treatment within 2 weeks can RU clear office contact this partner? YES / NO

If 'Provider'-method of contact: Telephone / Letter

If 'Patient' please tick one of the following:

Patient contact slip is ed partner already treated at: Location _____

