

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

C

Management of Partners of Chlamydia - Positive Clients

Treatment site _____ Treatment date: _____

Name _____

Male / Female (circle)

DOB _____

Testing site _____

Testing date _____

*Chlamydia Reference No.
Attach sticker*

Symptoms YES / NO

Referred to GUM YES / NO

Index client Chlamydia Reference Number (If Known) _____

Index Client Name _____ Index Client DOB _____

PMH

MEDICATION

ALLERGIES

LMP: _____ Contraception used: _____

Risk of Pregnancy: _____ Result of Pregnancy Test _____

Date	Medication issued	Dose	Freq.	Duration	Batch No & Expiry Date	Signature & Initials

If Erythromycin Given:

Follow up Appointment Date: _____ (5 weeks after treatment completion)

Time _____

Site _____

Appointment card given? YES / NO