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FAX to 08432 166266 RU Clear operates Safe Haven faxing procedures.

Management of Chlamydia – Positive Clients

Treatment Site: _____ Treatment Date: _____

Name: _____ Male/Female (circle)

DOB: _____ Chlamydia Ref No: _____

Testing Site: _____ Testing Date: _____

Symptoms: YES / NO

Referred to GUM: YES / NO

PMH _____	<u>MEDICATION</u>	<u>ALLERGIES</u>

LMP: _____ Contraception used: _____

Risk of pregnancy _____ Result of Pregnancy Test _____

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

If Pregnant

Follow up Date: _____ (8 weeks after Azithromycin, 8 weeks after completion of erythromycin)

Appointment card given? YES / NO

Condoms Given YES / NO

Number of Sexual Partners in last 6 months _____

If any partners contactable by client or RUCO, please complete Partner Notification form