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FAX to 08432 166 266 RU Clear operates Safe Haven faxing procedures.

Management of Partners of Chlamydia Positive Clients

Treatment Site _____
 Name _____
 Male / Female (circle) _____
 DOB _____
 Address _____

Chlamydia Reference No.
 Attach sticker

Post Code _____
 Contact Tel Number _____
 Testing Site _____
 Testing Date _____
 Symptoms: YES / NO _____
 Referred to GUM? YES / NO _____

Tested: YES/NO

Index client Chlamydia Reference Number (If Known) _____
 Index Client Name _____ Index Client DOB _____

<u>PMH</u>	<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 _____