

Chlamydia and Gonorrhea Mandatory Reporting Form

Please fax back to: St. Thomas Site: 519-631-1682

Woodstock Site: 519-539-6206

Report of: Chlamydia Gonorrhea			Heal	Health Care Provider:				
CLIENT INFO	ORMATION:							
Name:			Date	Date of Birth:				
Phone:			Gen	Gender:				
Address:								
REASON FOR TESTING: Routine Screening Prenatal Screening Symptoms (describe):				Contact of an STI				
follow-up.) So high risk clients	outhwestern Public s (e.g. pregnant, u		counselli y or abus	ng or partner i se concerns, c	notificatio co-infectio	n for pos	ient that public health will itive cases with the exception conther STI,	
TREATMENT Date of Treat			Pr	escription	<u>c</u>	<u>or</u>	Office Supply	
Chlamydia Treatment					Go	norrhe	a Treatment	
First-line (adults): Azithromycin 1g PO* OR				First-line (adults and pregnant/lactating women): Ceftriaxone 500mg IM				
Doxycycline 100mg PO bid x 7 days				Other:				
Pregnant/lactating women: Azithromycin 1g PO*				Reas	on for O	ther:		
OR Amoxicillin 500 mg PO tid x 7 days				* If vomiting occurs less than one hour post administration, a repeat dose is required.				
Other: _					o, a . op		o 10 10 quilloui	
Reason fo	or Other:							
For alternative treatments, refer to the <u>Canadian S</u> <u>Guidelines</u> .				For alternative treatments, refer to the <u>Public Health</u> Ontario Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2nd edition, 2018.				
 Absta Discu Re-so TEST phary 	nin from sexual actions use of condoing the	ms/dental dams. s. commended for pregnal onorrhea, and suspecte (patient informed: Chi Gor All partners 60 days price	anal) fo ant, pre- ed non- llamydia norrhea NAA or to di	r 7 days posing pubertal change compliance a: NAAT testing 2-3 agnosis adv	t-treatment. stildren, so sting mir 3-7 days weeks poised to	ent and vecent and vec	with untreated partner(s). line treatment, -4 weeks post treatment atment (preferred) OR atment (alternative)	
Who will notify Please che		Patient (Case) rn Public Health needs to		alth Care Pro -up with pati		or comp	lete partner notification.	
Printed Name	e:							
Signature/Designation:				Date/Time:				

Personal information is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes by public health or the Ministry of Health and Long-Term Care. The information will be stored according to Southwestern Public Health's retention schedule. Any questions about the collection of this information should be directed to: Privacy Officer, Southwestern Public Health, 1230 Talbot Street, St. Thomas, ON N5P 1G9; Phone 1-800-922-0096.