Health and Social Services
Haldimand and Norfolk

Serving the community in the areas of public health, social services, children's services, housing and long-term care.
**www.hnhss.ca**

**Health Care Provider STI Reporting Form – ☐ Chlamydia ☐ Gonorrhea**
****Please fax completed form to 519-426-4767****

| **Client's Name:** | **Lab collection date:** |
|---|---|
| **DOB:** | |
| **Please provide client's preferred contact number:** | |

**Reason for Testing**

☐ Partner positive ☐ Routine screen ☐ Prenatal screening
☐ Symptoms (specify)
☐ Other (specify)

**Risk Factors** ***(check all that apply) – HNHU will follow-up with cases with bolded risk factors***

| | |
|---|---|
| ☐ **Pregnant** | ☐ No condom used |
| ☐ **Under 16 years of age** | ☐ Condom breakage |
| ☐ **Safety or abuse concerns** | ☐ New contact in past 2 months |
| ☐ **Co-infection with another STI** | ☐ >1 contact in last 6 months - #_____ |
| ☐ **>3 STIs in the past 5 years** | ☐ Met contact through internet (app/online) |
| ☐ Anonymous sex | ☐ Judgement impaired by alcohol/drugs |

**Medication Given** ***(check all that apply)*** ☐ Unable to reach client for tx
***Please refer to HNHU Chlamydia and Gonorrhea Treatment Guide (2024) or as current***

| | | |
|---|---|---|
| ☐ **Azithromycin** 1g PO in single dose | Date | **Provision of treatment:** ☐ Free treatment was provided in office ☐ Rx provided to client to take to pharmacy |
| ☐ **Ceftriaxone** 250 mg IM single dose | Date | |
| ☐ **Doxycycline** 100 mg PO BID for 7 days | Date | |
| ☐ **Other** (specify reason for alternative treatment): | Date | |

**Health Teaching Provided** ***(check all that apply)***
**Please note:** *HNHU is not required to contact the client if health teaching, as outlined below, has been provided*

☐ STI transmission/risk reduction
☐ **Abstain from sex for 7 days after completion of a single-dose treatment or until completion of multiple-dose treatment**
☐ **Return to clinic for re-treatment if emesis within 1 hour of taking medication**
☐ Other STI/blood borne infection testing *(e.g. Syphilis, HIV, Hepatitis B/C)*
☐ Client informed that this infection is reportable to public health
☐ Vaccinations *(Hep A/B, HPV, MPox)*

**Partner Notification** *(All partners within 60 days prior to diagnosis or if no recent contacts, then last sexual partner)*

☐ Client is notifying partner(s)
☐ Client requesting confidential partner notification by Public Health

**Recommended follow-up**

☐ Routine STI testing every 3-6 months
☐ Test of cure (minimum 3-4 weeks following treatment completion)
**Chlamydia** – only recommended when compliance to treatment is suboptimal, an alternative treatment regimen is used or the person is prepubertal or pregnant
**Gonorrhea** – test of cure is recommended for all positive sites in all cases

**Form Completed by: (please print) _____ Date: _____**

**☐ I feel this client would benefit from further health teaching/support from Public Health**


**Simcoe** 12 Gilbertson Dr., P.O. Box 570, Simcoe, ON N3Y 4N5
**T:** 519-426-6170 or 905-318-6623
**F:** 519-426-9974

**Caledonia** 100 Haddington St., Caledonia, ON N3W 2N4
**T:** 905-318-6623

**Dunnville** 117 Forest St. E., Dunnville, ON N1A 1B9
**T:** 905-318-6623