GRAND ERIE
PUBLIC HEALTH

Phone: 519-900-9600

Health Care Provider STI Reporting Form – ☐ Chlamydia ☐ Gonorrhea
****Please fax completed form to 519-805-3269****

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) – GEPH 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 GEPH Chlamydia and Gonorrhea Treatment Guide (2025) 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** 500 mg IM single dose	Date	
☐ **Doxycycline** 100 mg PO BID for 7 days	Date	
☐ **Cefixime** 800 mg PO in a single dose	Date	
☐ **Other** (specify reason for alternative treatment):	Date	

Health Teaching Provided ***(check all that apply)***
Please note: *GEPH 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