

GRAND ERIE

PUBLIC HEALTH

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		
<input type="checkbox"/> Partner positive <input type="checkbox"/> Routine screen <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Symptoms (specify) <input type="checkbox"/> Other (specify)		
Risk Factors (check all that apply) – GEPH will follow-up with cases with bolded risk factors		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Under 16 years of age <input type="checkbox"/> Safety or abuse concerns <input type="checkbox"/> Co-infection with another STI <input type="checkbox"/> >3 STIs in the past 5 years <input type="checkbox"/> Anonymous sex	<input type="checkbox"/> No condom used <input type="checkbox"/> Condom breakage <input type="checkbox"/> New contact in past 2 months <input type="checkbox"/> >1 contact in last 6 months - # _____ <input type="checkbox"/> Met contact through internet (app/online) <input type="checkbox"/> Judgement impaired by alcohol/drugs	
Medication Given (check all that apply) <input type="checkbox"/> Unable to reach client for tx		
Please refer to GEPH Chlamydia and Gonorrhea Treatment Guide (2025) or as current		
<input type="checkbox"/> Azithromycin 1g PO in single dose	Date	Provision of treatment: <input type="checkbox"/> Free treatment was provided in office <input type="checkbox"/> Rx provided to client to take to pharmacy
<input type="checkbox"/> Ceftriaxone 500 mg IM single dose	Date	
<input type="checkbox"/> Doxycycline 100 mg PO BID for 7 days	Date	
<input type="checkbox"/> Cefixime 800 mg PO in a single dose	Date	
<input type="checkbox"/> 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		
<input type="checkbox"/> STI transmission/risk reduction <input type="checkbox"/> Abstain from sex for 7 days after completion of a single-dose treatment or until completion of multiple-dose treatment <input type="checkbox"/> Return to clinic for re-treatment if emesis within 1 hour of taking medication <input type="checkbox"/> Other STI/blood borne infection testing (e.g. <i>Syphilis, HIV, Hepatitis B/C</i>) <input type="checkbox"/> Client informed that this infection is reportable to public health <input type="checkbox"/> Vaccinations (<i>Hep A/B, HPV, MPox</i>)		
Partner Notification (All partners within 60 days prior to diagnosis or if no recent contacts, then last sexual partner)		
<input type="checkbox"/> Client is notifying partner(s)		
<input type="checkbox"/> Client requesting confidential partner notification by Public Health		
Recommended follow-up		
<input type="checkbox"/> Routine STI testing every 3-6 months <input type="checkbox"/> Test of cure (minimum 3-4 weeks following treatment completion) Chlamydia – <u>only recommended</u> 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 <u>all</u> 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