

FAX form to VCH CDC 604-731-2756	Please ensure patient's address and phone number are provided
<b>A1. PATIENT INFORMATION</b> <i>(To be completed by the CD Unit)</i>	
Infection Details: <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhoea	<i>(Patient Information Sticker Area)</i>
Collection Date:	
Diagnosis Site(s): <input type="checkbox"/> Urine <input type="checkbox"/> Throat <input type="checkbox"/> Rectum <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Vagina	
<b>A2. PATIENT INFORMATION</b> <i>(Complete only if different from sticker)</i>	
Home Address:	City:
Province:	Postal Code:
Phone Number (primary):	
<b>B. TESTING</b>	
<b>Is your patient pregnant?</b>	
<input type="checkbox"/> Yes, EDD: _____	<input type="checkbox"/> No
<input type="checkbox"/> Unknown	
→ A public health nurse will follow up	→ Consider a pregnancy test (if appropriate)
<b>Has the patient also been tested for SYPHILIS and HIV?</b>	
<input type="checkbox"/> Yes – testing for SYPHILIS and HIV has been completed	<input type="checkbox"/> In progress – a lab requisition for SYPHILIS and HIV has been provided but the patient has not yet been tested
<input type="checkbox"/> No	<input type="checkbox"/> No
→ Thank you	→ Please attempt to arrange testing for SYPHILIS and HIV for your patient
→ Thank you – Please follow-up to ensure your patient completes testing for SYPHILIS and HIV	
If possible, please place a re-call or advise your patient on re-testing in 3-6 months due to high rates of re-infection.	
<b>C. TREATMENT</b>	
<b>Please indicate whether the patient has been treated:</b>	
<input type="checkbox"/> Yes – appropriate treatment for chlamydia and/or gonorrhoea has been completed or initiated	<input type="checkbox"/> No – Patient has been lost to follow-up
<b>D. PARTNER NOTIFICATION</b>	
<b>Please indicate whether a discussion about notifying the patient's sexual partner(s) has occurred:</b>	
<input type="checkbox"/> Yes – I advised the patient to recommend testing and treatment for:	<input type="checkbox"/> Patient has a sexual partner who is pregnant & needs assistance with notification.
<ul style="list-style-type: none"> <li>• All sexual partners in the last 60 days; OR</li> <li>• Their last sexual partner (if none in the last 60 days)</li> </ul>	<input type="checkbox"/> Patient is unable to notify sexual partner(s)
→ A public health nurse will follow up	
<b>E. PREVENTION</b>	
Some patients are <a href="#">eligible</a> for provincially funded HIV pre-exposure prophylaxis (PrEP) (eg. gbMSM w/rectal bacterial STI etc.). Please discuss HIV PrEP with patients who might benefit:	
<input type="checkbox"/> Discussed, will refer or initiate patient on HIV PrEP	<input type="checkbox"/> Patient already on HIV PrEP or HIV treatment
<input type="checkbox"/> Discussed, patient refused HIV PrEP	<input type="checkbox"/> Not eligible
<b>F. TESTING PROVIDER/AGENCY</b>	
Form Completed By:	<i>(Testing Provider/Agency Stamp/Sticker Area)</i>
Date Form Completed:	