Reporting Form: STI Medication Program

Return fax: 705-721-7848

SHAdmin@smdhu.org

simcoe muskoka DISTRICT HEALTH UNIT

Please complete this form as you treat patients. Return immediately following treatment or with next order.

Forms available: smdhu.org/STIMedProgramForms

Questions? Contact us at Simcoe Muskoka District Health – 705-721-7520 or 1-877-721-7520 ext. 5743

Date Given yyyy/mm/dd	**Patient Initials**	**DOB** yyyy/mm/dd	**Infection**	**Medication Given**	**Reason**
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Ceftriaxone 500 mg IM single dose, 250 mg vial x2 ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. 2.4 MU IM Other ___	☐ Case ☐ Contact ☐ Suspect case (symptoms)

Health Care Name: ___ Contact Person: ___

Office address: ___ Telephone number: ___

Fax number: