simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

Communicable Disease Reporting Form

Chlamydia

Complete and fax within 1 business day to SMDHU at (705) 721-7848

Reported by: ☐ Clinic or HCP office ☐ CGMH ☐ MAH ☐ OSMH ☐ RVH ☐ SMH ☐ GBGH ☐ Waypoint

Health Care Provider (HCP): _____ Phone #: _____

Family HCP (if different): _____ Phone #: _____

Reporting Person: _____ Date: *yyyy/mm/dd* _____ Phone #: _____

Patient Demographics:

Name: _____ DOB: _____ Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other

last name, first name *yyyy/mm/dd*

Address: _____ Phone: ☐ Home ☐ Cell ☐ Other: _____

_____ Phone: ☐ Home ☐ Cell ☐ Other: _____

Primary Language: ☐ English ☐ French ☐ Other: _____

Patient has been informed that a public health nurse will be calling: ☐ YES ☐ NO

Visit Information:

Is patient pregnant? ☐ unknown ☐ no ☐ yes EDC: _____ ☐ not applicable

yyyy/mm/dd

Is partner pregnant? ☐ unknown ☐ no ☐ yes EDC: _____ ☐ not applicable

yyyy/mm/dd

Reason for visit: ☐ symptomatic ☐ routine screen ☐ contact of case ☐ prenatal screen

Symptoms: onset date: _____

yyyy/mm/dd

☐ asymptomatic ☐ abdominal pain ☐ rectal pain ☐ abnormal vaginal bleeding

☐ nausea ☐ painful intercourse ☐ scrotal pain ☐ discharge

☐ urinary frequency ☐ urinary difficulty ☐ urethral irritation ☐ fever

☐ other: _____

Chlamydia: ☐ case ☐ contact Complications: ☐ PID ☐ LGV

Treatment: **Date:** _____

- ☐ Azithromycin 1 g PO single dose (first line treatment)
- ☐ Doxycycline 100 mg BID for 7 days (first line treatment)
- ☐ Amoxicillin 500 mg TID for 7 days (test of cure recommended)
- ☐ Erythromycin (test of cure recommended) Provide dose given to patient
- ☐ Ofloxacin 300 mg PO BID for 7 days
- ☐ Other: _____

Follow Up Information Provided to Patient:

☐ **6 month screening recommended**

Test of Cure Recommended

- ☐ patient is pregnant
- ☐ signs and symptoms do not resolve
- ☐ compliance is questionable or re-exposure to untreated person
- ☐ first line treatment not used
- ☐ child under age 12

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