



**\*Please return this completed form to the  
Northwestern Health Unit by fax at 807-468-3813\***

DATE: \_\_\_\_\_

Internal Case

Client demographics: Please confirm current address, telephone, and email, or affix label.	
Name:	Telephone:
Gender:	Email:
DOB (YY/MM/DD):	Address, including postal code:
Health Card #:	

Physician/NP/Midwife completing form	
Name:	
Facility:	
Telephone #:	ext.:
Fax #:	

Is client First Nations? No  Yes   
 If yes, do they live in a First Nations community? No  Yes  Specify which community: \_\_\_\_\_

Reason For Testing				Risk Factors (select all that apply):		Counselling	
<input type="checkbox"/> Routine	<input type="checkbox"/> Contact Tracing	<input type="checkbox"/> Prenatal	<input type="checkbox"/> Other	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Repeat infection	Client is aware of diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Symptomatic (please describe):				<input type="checkbox"/> No condom use	<input type="checkbox"/> Sex with opposite sex	Advise clients of <u>all</u> the following:	
<b>When and How to Complete Test of Cure</b>				<input type="checkbox"/> Substance misuse	<input type="checkbox"/> More than 1 partner in last 6 months	<input type="checkbox"/> No sexual contact for 7 days after treatment	
<b>Chlamydia:</b> 3 weeks post-treatment (NAAT) A test of cure is recommended when: signs and symptoms persist post treatment, compliance to treatment is sub-optimal, preferred treatment is not used, prepubertal, and pregnancy. Repeat screening is recommended three months post-treatment for all people because the risk of infection is high.				<input type="checkbox"/> Under housed	<input type="checkbox"/> Not discussed with client	<input type="checkbox"/> Transmission and risk factors for other STIs and BBIs	
<b>Gonorrhoea:</b> A test of cure is recommended for ALL positive sites in ALL cases. This is particularly important when regimens other than ceftriaxone 500 mg IM are used. Recommendations depend on timing and patient's symptom status. • 72hrs – 3 weeks post-treatment: culture recommended regardless of symptom status • After 21 days from treatment completion: NAAT recommended if asymptomatic; both culture and NAAT if symptomatic. Repeat screening of people with a gonococcal infection is recommended 6 months post treatment because of risk of re-infection.				<input type="checkbox"/> Sex trade worker	<input type="checkbox"/> Other:	<input type="checkbox"/> No sexual contact with untreated partner(s)	
				<input type="checkbox"/> Condom breakage		<input type="checkbox"/> Risk reduction with condom use & rescreening in 6 months	
				<input type="checkbox"/> Sex with same sex		<input type="checkbox"/> Test of cure (recommended)	
				<input type="checkbox"/> New partner in last 2 months			

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Chlamydia positive treatment (as per <a href="#">Canadian STI guidelines</a> )	
Date given:	
First-line (18 years+)	<input type="checkbox"/> Azithromycin 1g PO single dose  <input type="checkbox"/> Doxycycline 100 mg PO BID for 7 days
See the Canadian STI Guidelines for treatment of Chlamydia in pregnant and lactating people, weight based treatment for 9- to 18-year-olds, treatment of LGV and alternate treatment recommendations.	
<input type="checkbox"/> Other treatment given	

Gonorrhea positive treatment (as per <a href="#">Canadian STI Guidelines</a> )	
Date given:	
First-line (10 years+)	<input type="checkbox"/> Ceftriaxone 500mg IM single dose (monotherapy)
See the Canadian STI Guidelines for alternate treatment for: anogenital and pharyngeal. Also, alternate treatment recommendations for cephalosporin allergy, or resistance or severe IgE - mediated reactions to penicillins, as well as contraindications to macrolides and cephalosporins treatment.	
<input type="checkbox"/> Other treatment given	

Contacts information
<p><b>In all cases, clients are to be advised to notify all sexual partner(s) in past 60 days</b></p> <input type="checkbox"/> Healthcare provider to notify partner(s)  <input type="checkbox"/> Client has been notified that they will be contacted by public health to discuss partner contacts.  <input type="checkbox"/> This person is a contact of a case and is being treated.

Notes:

**If first line therapy is not in stock at your facility, contact your local NWHU 1-800-830-5978 to obtain medication.**  
 Thank you for your assistance.

\_\_\_\_\_  
 Kit Young Hoon, MBBS, MPH, MSC, FRCPC  
 Medical Officer of Health