

Sample: KIMBERLEY STI CLINICAL MANAGEMENT FORM. Copies can be obtained from the PHU.

STI CLINICAL MANAGEMENT FORM

I.D. Number: _____

<p>PATIENT DETAILS <i>Please Print</i></p> <p>Name _____</p> <p>Address _____ Postcode _____</p> <p>Tel: H _____ M _____</p> <p>Date of Birth _____</p> <p>Country of Birth _____</p> <p>Sex Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Race Indigenous <input type="checkbox"/> Other <input type="checkbox"/></p> <p>SIGNS OR SYMPTOMS - DURATION & DESCRIPTION</p> <p>Asymptomatic <input type="checkbox"/> _____</p> <p>Discharge <input type="checkbox"/> _____</p> <p>Dysuria <input type="checkbox"/> _____</p> <p>Genital Lesion <input type="checkbox"/> _____</p> <p>Rash <input type="checkbox"/> _____</p> <p>Hair Loss <input type="checkbox"/> _____</p> <p>Abnormal menstrual bleeding <input type="checkbox"/> _____</p> <p>Females with lower abdominal pain <input type="checkbox"/> _____</p> <p>Other <input type="checkbox"/> _____</p>	<p>DATE PRESENTED // 201__</p> <p>REASON</p> <p>Self Referral <input type="checkbox"/></p> <p>Contact <input type="checkbox"/></p> <p>Positive Lab. Result <input type="checkbox"/></p> <p>Referred <input type="checkbox"/></p> <p>Opportunistic <input type="checkbox"/></p> <p>SEXUAL HISTORY</p> <p>Does the patient have any regular sexual partners? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Does the patient have casual sexual partners? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Sexual preference M <input type="checkbox"/> F <input type="checkbox"/> M/F <input type="checkbox"/></p> <p>Previous STI Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>Previous STI Testing Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>LMP ___/___/201_ / Pregnant Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>Sexual Activities Vaginal <input type="checkbox"/> Oral <input type="checkbox"/> Anal <input type="checkbox"/></p> <p>Condom Use Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/></p> <p>Sexual Contact in last 12 months Interstate <input type="checkbox"/> Overseas <input type="checkbox"/></p> <p>Country.....</p> <p>Injecting Drug Use Currently <input type="checkbox"/> Past <input type="checkbox"/> Never <input type="checkbox"/></p> <p>Tattoos/ Prison Hx Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Sex Worker Currently <input type="checkbox"/> Past <input type="checkbox"/> Never <input type="checkbox"/></p>																																	
<p>ESSENTIAL TESTS</p> <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">Urethra</td> <td style="text-align: center;">Cervix</td> <td style="text-align: center;">Solvs/VAG</td> <td style="text-align: center;">Rectum</td> <td style="text-align: center;">Throat</td> </tr> <tr> <td>PCR swab (gono & chlam +/- trich)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Charcoal MC&S swab + slide (if discharge present or gono contact)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>First void urine PCR (gono & chlam +/- trich)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Blood tests Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> HepB <input type="checkbox"/> Tests refused (specify) _____</p>		Urethra	Cervix	Solvs/VAG	Rectum	Throat	PCR swab (gono & chlam +/- trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charcoal MC&S swab + slide (if discharge present or gono contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First void urine PCR (gono & chlam +/- trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>ADDITIONAL TESTS</p> <table style="width:100%;"> <tr> <td>HepA <input type="checkbox"/></td> <td>HepC <input type="checkbox"/></td> <td>B-HCG <input type="checkbox"/></td> </tr> <tr> <td>PCR-HSV <input type="checkbox"/></td> <td>Pap smear <input type="checkbox"/></td> <td>Vag pH <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PCR-Donovanosis <input type="checkbox"/></td> <td>PCR-Syphilis <input type="checkbox"/></td> </tr> </table> <p>Other Tests _____</p>	HepA <input type="checkbox"/>	HepC <input type="checkbox"/>	B-HCG <input type="checkbox"/>	PCR-HSV <input type="checkbox"/>	Pap smear <input type="checkbox"/>	Vag pH <input type="checkbox"/>		PCR-Donovanosis <input type="checkbox"/>	PCR-Syphilis <input type="checkbox"/>
	Urethra	Cervix	Solvs/VAG	Rectum	Throat																													
PCR swab (gono & chlam +/- trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
Charcoal MC&S swab + slide (if discharge present or gono contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
First void urine PCR (gono & chlam +/- trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
HepA <input type="checkbox"/>	HepC <input type="checkbox"/>	B-HCG <input type="checkbox"/>																																
PCR-HSV <input type="checkbox"/>	Pap smear <input type="checkbox"/>	Vag pH <input type="checkbox"/>																																
	PCR-Donovanosis <input type="checkbox"/>	PCR-Syphilis <input type="checkbox"/>																																
<p>SAFE SEX COUNSELLING Condom demonstration <input type="checkbox"/> Issued condoms <input type="checkbox"/> Advised where to access condoms <input type="checkbox"/></p>																																		
<p>PROVISIONAL DIAGNOSIS & COMMENTS Allergies _____</p>																																		
<p>TREATMENT</p> <p>Treatment Given _____</p> <p>Further treatment required; (drug, dose and date) _____</p> <p>Review appointment date // 201__</p>																																		
<p>Where screening took place _____</p> <p>Clinician's name: _____ Signature: _____ Date: // 201__</p>																																		
<p>Send back page of completed form in sealed envelope to the STI co-ordinator at your health service unit</p>																																		
<p>STI CO-ORDINATOR USE ONLY</p> <p>Lab confirmed Dx Gono <input type="checkbox"/> Chlam <input type="checkbox"/> Syph <input type="checkbox"/> HIV <input type="checkbox"/> HepB <input type="checkbox"/> Other _____ No STI <input type="checkbox"/></p> <p>All sexual contacts contacted, examined and treated Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If patient had STI/s, at least one contact found with same STI/s Y <input type="checkbox"/> N <input type="checkbox"/> Follow up review date // 201__</p> <p>Contact Disease Control, KPHU (Tel 9194 1630 Confidential Fax 9194 1631) for more STI Clinical Management Forms</p>																																		
<p>COMPLETE FRONT & BACK PAGES FOR:</p>																																		
<ul style="list-style-type: none"> • All named contacts of patients with STI and all patients with STI symptoms, e.g. urethral discharge, genital ulcer, vaginal discharge, epididymitis, genital rash, PID. Consider for all people at risk for an STI. • Please complete all subsections of the form with as much information as possible to ensure a comprehensive sexual health screening and for enhanced disease surveillance required by the Communicable Disease Control Directorate in Perth, e.g. gonorrhoea. • Ensure ESSENTIAL tests are taken and ADDITIONAL testing as required. • Complete reverse side of document (pink sheet) contact trace client collecting as much information as possible. This is to ensure your local STI coordinator can follow up contacts. • Treatment should be provided as per Kimberley STI Standing Orders. • Once screening completed please send pink copy within 24 hours to your nearest STI coordinator and liaise with them as required. 																																		
<p>Tel: Disease Control 9194 1646</p>																																		