

REQUEST FOR STI TREATMENT INFORMATION
TREATMENT INFORMATION MUST BE REPORTED

Ordering Provider: _____ Phone: _____ Fax: _____

Patient's Name: _____ Date of Birth: _____

Specimen Collection Date: _____ Lab Report Date: _____

STD/STI treatment for: **Chlamydia** **Gonorrhea** **Other:** _____

Please complete the following information and fax this form to 989-875-1032. Thank You - Jamie Shepler, RN

Pregnancy Status (Female): Pregnant Not Pregnant Unknown		Gender: Male Female Other
HIV Status: Positive Negative Unknown		Race: Ethnicity:
Gender of Sex Partners: Male Female Both		Unknown
CHLAMYDIA (CHOOSE ONE) <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC, UNCOMPLICATED <input type="radio"/> PID <input type="radio"/> OPHTHALMIC <input type="radio"/> OTHER COMPLICATIONS: _____ DATE OF DIAGNOSIS: _____	SITES (CHECK ALL THAT APPLY) <input type="radio"/> CERVIX <input type="radio"/> URETHRA <input type="radio"/> RECTUM <input type="radio"/> URINE <input type="radio"/> PHARYNX <input type="radio"/> VAGINA <input type="radio"/> OTHER: _____	TREATMENT (CHECK ALL THAT APPLY) <input type="radio"/> DOXYCYCLINE 100MG PO BID X 7 DAYS ALTERNATIVE TREATMENT: <input type="radio"/> AZITHROMYCIN 1GM PO SINGLE DOSE <input type="radio"/> LEVOFLOXACIN 500MG PO QD X 7 DAYS IN PREGNANCY: <input type="radio"/> AZITHROMYCIN 1GM PO SINGLE DOSE OR <input type="radio"/> AMOXICILLIN 500MG PO TID X 7 DAYS TREATMENT DATE: _____
GONORRHEA (CHOOSE ONE) <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC, UNCOMPLICATED <input type="radio"/> PID <input type="radio"/> OPHTHALMIC <input type="radio"/> DISSEMINATED <input type="radio"/> OTHER COMPLICATIONS: _____ DATE OF DIAGNOSIS: _____	SITES (CHECK ALL THAT APPLY) <input type="radio"/> CERVIX <input type="radio"/> URETHRA <input type="radio"/> RECTUM <input type="radio"/> URINE <input type="radio"/> PHARYNX <input type="radio"/> VAGINA <input type="radio"/> OTHER: _____	TREATMENT (CHECK ALL THAT APPLY) <input type="radio"/> CEFTRIAXONE 500MG IM (SINGLE DOSE) *IF OVER 150KG, 1GM OF CEFTRIAXONE SHOULD BE ADMINISTERED IF CEFTRIAXONE ADMINISTRATION IS NOT FEASIBLE: <input type="radio"/> CEFIXIME 800 MG PO SINGLE DOSE ALTERNATIVE TX FOR CEPHALOSPORIN ALLERGIES: <input type="radio"/> GENTAMICIN 240MG IM SINGLE DOSE PLUS AZITHROMYCIN 2GM PO SINGLE DOSE **IF CHLAMYDIAL INFECTION HAS NOT BEEN EXCLUDED, ALSO TREAT WITH DOXYCYCLINE 100MG PO BID X 7 DAYS** TREATMENT DATE: _____

PLEASE INDICATE YES (Y) OR NO (N) OR NOT APPLICABLE (NA): DID YOU....

_____ INSTRUCT PT TO ABSTAIN FOR 10 DAYS AFTER LAST DOSE OF ABX? _____ INSTRUCT PT TO RETEST IN 90 DAYS?
 _____ INSTRUCT PREGNANT PT TO RETEST IN 3-4WKS? _____ INSTRUCT PT TO NOTIFY ALL SEX PARTNERS IN LAST 60 DAYS TO SEEK TX?
 _____ ADVISE ON PREGNANCY PLANNING? _____ ADVISE ON CONDOM USE? _____ TEST FOR OTHER STIs (SYPHILIS/HIV)?
 _____ PROVIDE EPT TO ALL SEX PARTNERS IN LAST 60 DAYS?

INFORMATION ON EXPEDITED PARTNER THERAPY (EPT) ON PAGE 2

Jamie Shepler, RN

Phone: 989-875-1009

Fax: 989-875-1032

EXPEDITED PARTNER THERAPY

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of persons with chlamydia or gonorrhea, by providing medicines or prescriptions to the patient.

EPT can be offered to heterosexual patients when the provider cannot confidently ensure that all of the patient's sex partners from the prior 60 days will be treated.

More information on EPT can be found at <https://www.cdc.gov/std/ept>

LEGAL AUTHORITY

Michigan's Communicable Disease rules are promulgated under the authority conferred on the Department of Health and Human Services by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws. Violations of these laws will be reported to the State of Michigan, and may constitute a misdemeanor under MCL 333.2261. For additional reporting requirements regarding HIV and AIDS please refer to MCL 333.5101 et seq. Health care professionals are advised to consult with their local health departments or legal counsel if they have questions about their responsibilities regarding these rules.

The Michigan Department of Health and Human Services maintains, reviews and revises the list of reportable conditions at least annually. Please refer to the Michigan Communicable Disease Information website at www.michigan.gov/cdinfo

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.

STI TREATMENT GUIDELINES

Please refer to "STD diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC) website www.cdc.gov/std/treatment for further information on treating chlamydia, gonorrhea and other STIs.