

PUBLIC HEALTH CHLAMYDIA REFERRAL FORM

Complete form and fax to Public Health (confidential fax): 481-5889

Patient	
Name	
Contact Number(s)	

Physician	
Name	
Contact Number(s)	

Patient needs Public Health follow up for the following (check all that apply):

EDUCATION

Education includes:

- refraining from all types of sexual activity **until 7 days following one-dose treatment or until completion of multicourse treatment**
- information about the disease, transmission, treatment, prevention, etc

PARTNER NOTIFICATION

- All sexual partners in the last 60 days or the last sexual partner if no sexual activity within the last 60 should be notified.
- Public Health will contact the client for the list of partners and contact information and then will contact those partners without revealing the name of the patient.

ASSISTANCE WITH PAYMENT FOR PRESCRIPTION

- Medication ordered _____
- Name of drugstore used by patient: _____

UNABLE TO CONTACT PATIENT

- Unable to contact patient so asking Public Health to try and contact