

PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA

MANATEE - SARASOTA - TAMPA - FT. MYERS - LAKELAND - WINTER HAVEN - PINELLAS
 (941) 567-3800 (941) 953-4060 (813) 980-3555 (239) 481-9999 (863) 665-5735 (863) 293-7494 (727) 898-8199

Revised 08/28/10
 Implementation 09/08/10

Client to complete shaded section

Date: _____ Age: _____ Gender **M** Other _____

I AM HERE TODAY BECAUSE:

- Partner tested positive for _____
- Bumps/sores on genitalia
- Discharge from penis Pain with urination
- Sexually transmitted infection testing, no symptoms
- Other Symptoms, describe: _____

Have you ever had sex with men women both?
 Have you received blood or blood products prior to 1992? Yes No Unsure
 Were you or any of your partners: an intravenous drug user?
 a Hemophiliac? infected with HIV/AIDS or Hepatitis B or C?
 Have you had the hepatitis B vaccination? Yes No Unsure
 Smoker Y N # per day _____
 Condoms used Always Sometimes Never
 Allergies: _____

Last/ First Name: _____

Chart#: _____

D.O.B.: _____

Education/Literature

- | | |
|--|--|
| <input type="checkbox"/> Chlamydia fact sheet | <input type="checkbox"/> Chantix fact sheet |
| <input type="checkbox"/> Gonorrhea fact sheet | <input type="checkbox"/> Condylox fact sheet |
| <input type="checkbox"/> Doxycycline fact sheet | <input type="checkbox"/> Herpes fact sheet |
| <input type="checkbox"/> Azithromycin fact sheet | <input type="checkbox"/> Hepatitis fact sheet |
| <input type="checkbox"/> Suprax fact sheet | <input type="checkbox"/> HIV test CI |
| <input type="checkbox"/> Ceftriaxone fact sheet | <input type="checkbox"/> Treatment of Genital Warts CIIC |
| <input type="checkbox"/> Condoms provided | <input type="checkbox"/> Other _____ |

- Sexually transmitted infection education and testing counseling provided

Chl/ GC Offered/Declined N/A Done **Hep B** Offered/Declined N/A Done

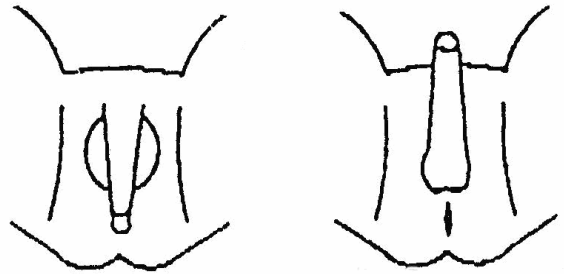
HIV Offered/Declined N/A Done **Hep C** Offered/Declined N/A Done

RPR Offered/Declined N/A Done

CA SIGNATURE: _____ **DATE:** _____

HPI _____

External Genitalia	n/a	WNL	Other
Anus / Perianal Area	n/a	WNL	Other
Rectum	n/a	WNL	Other
Lymph Nodes	n/a	WNL	Other
Penis	n/a	WNL	Other
Scrotum	n/a	WNL	Other



ASSESSMENT _____

PLAN: _____

RTC _____

PATIENT HAS BEEN ADVISED TO:

- Inform all sex partner(s) she/he has had w/in 60 days to be evaluated and treated.
- Abstain from intercourse until both have completed treatment or 7 days from one dose treatment
- RTC if Sx's return or in 3-4 months to re-test
- Recommend HIV testing and RPR
- Doxycycline 100 mg #14/Azithromycin 500 mg #2 or 250 mg #4
- Ceftriaxone 125 mg IM/Cefixime 400 mg po
- To use condoms to prevent future infection
- Have annual STI screening if ≤25 Y/O, new or >1 partner
- Risks associated w/ untreated or undetected GC/Chlam such as infertility and reactive arthritis

CLINICIAN SIGNATURE: _____ **DATE** _____