

Instructions for STD Medication Administration Form

Manitoba
Health
Public Health



COMMUNICABLE DISEASE CONTROL

Complete STD Medication Administration Form(s), entering information on each drug that is dispensed. Forward STD Medication Administration Form(s) *once a month* to:

STD Program
Communicable Disease Control Unit
Manitoba Health
4th floor
300 Carlton Street
Winnipeg, MB R3B 3M9
(204) 788-6738
Fax: (204) 948-2040

The forms should be filled out as drugs are dispensed to assist in accurate recording of information. The following information is to be collected on each client:

- PHIN -** Personal Health Information Number (9 digits). If no PHIN is available, provide the MHSC number and date of birth of the client.
- DATE OF TREATMENT -** Year, Month and Day that treatment was dispensed.
- GENDER AND PREGNANCY STATUS -** Indicate number as per the list provided.
- DIAGNOSIS -** Indicate diagnosis number, as per the list provided. Note that initial patients and contacts have separate diagnosis numbers.
- TREATMENT PROVIDED -** Indicate treatment number, as per the list provided.

Was a laboratory test result available at the time of treatment?

Is there laboratory confirmation of infection *at the time of treatment*, or is the client being treated on the basis of symptoms and/or history of exposure (presumptive diagnosis)? Record “Y” if a laboratory result is available at the time of treatment, and “N” if not.

If a laboratory test result was *NOT* available at the time of presentation/treatment, was the client referred for a laboratory test?

Record “Y” if a laboratory test was ordered, and “N” if not.