## **STD Medication Administration Form**

To receive free medication for STD treatment please complete this form and return monthly to:

4th Floor 300 Carlton Street Winnipeg, Manitoba Canada R3B 3M9



PLEASE PRINT Name of Clinic:		Date:				
PHIN (If no PHIN, give MHSC number and Date of Birth)	Date of Treatment (yyyy/mm/dd)	Gender and Pregnancy Status (Indicate number from list below)	Diagnosis (Indicate number from list below)	Treatment Provided (Indicate number(s) from list below. May list more than one number)	Was laboratory test result available before treatment given? ("Y" for Yes, "N" for No)	If lab result not available initially, was client referred for a lab test? ("Y" for Yes, "N" for No)

## Gender and Pregnancy Status

- 01 = Male
- 02 = Female, pregnant
- 03 = Female, non-pregnant
- 04 = Female, pregnancy status unknown

## List of Diagnoses

- 01 = Suspected gonorrhea or chlamydia in an initial patient
- 02 = Suspected gonorrhea or chlamydia in a contact
- 03 = Lab-confirmed chlamydia in an initial patient
- 04 = Lab-confirmed chlamydia in a contact
- 05 = Lab-confirmed gonorrhea in an initial patient
- 06 = Lab-confirmed gonorrhea in a contact
- 07 = Syphilis in an index patient
- 08 = Syphilis in a contact
- 09 = Pelvic inflammatory disease (PID)
- 10 = Other (Please specify in space provided)

## List of Treatments

- 01 = Cefixime 400 mg po, single dose
- 02 = Azithromycin 1.0 gm po, single dose
- 03 = Ceftriaxone 125 mg IM, single dose
- 04 = Ceftriaxone 250 mg IM, single dose
- 05 = Ciprofloxacin 500 mg po, single dose
- 06 = Doxycycline 100 mg po BID for 14 days
- 07 = Erythromycin 500 mg po QID for 7 days
- 08 = Trimeth./Sulfa. DS 160/800 mg BID for 10 days
- 09 = Amoxicillin, 500 mg po TID for 7 days
- 10 = Benzathine penicillin G 2.4 MU IM single dose
- 11 = Metronidazole 500 mg TID for 14 days
- 12 = Other (Please specify in space provided)