**Chlamydia treatment – supply by pharmacists**

|  |  |
| --- | --- |
| Pharmacy stamp/contractor number |  |
| **Patient name:** | **Patient CHI number:**If known |
| **Patient date of birth:****Age:** | **Patient Address:** |
| **Reason for supply**(Tick one box) | Notification of positive chlamydia test  |
| Partner notification ofpositive chlamydia test |
| **Authorisation to supply**(Tick one box) | Referral from sexual health advisor/ community nursePositive Lab test – written confirmation |
| Gender: | Male/ Female/ Prefer to say |  |
| Method of contact | Letter / telephone/  | call back / best time |   |
| Date result received from Lab |  |  |  |
| Chlamydia result +ve / -ve  |  |  |  |
| Gonorrhoea result + ve/ -ve |  |  |  |
| Date patient contacted |  |  |  |
| Reminder sent 2 weeks later minimum of 3 follow up phone calls Yes/No | Contact 1Contact 2Contact 3 |  |  |
| **Inclusion and Exclusion Criteria checked**  | Inclusion | Doxycycline (First Line) | Azithromycin |
| Individuals aged 13 or over with positive uncomplicated Chlamydia diagnosis**(excluding rectal Chlamydia: referral to Sexual Health is recommended)** | Individuals aged 13 or over with positive uncomplicated Chlamydia diagnosis**(excluding rectal Chlamydia: referral to Sexual Health is recommended)** |
| Asymptomatic individuals aged 13 or over who has had sexual contact with someone with a positive chlamydia diagnosis | Asymptomatic individuals aged 13 or over who has had sexual contact with someone with a positive chlamydia diagnosis |
| Exclusion | Children under the age of 13 | Children under the age of 13 |
| Pregnancy or risk of pregnancy | Pregnancy or risk of pregnancy |
| Breast feeding | Breast feeding |
| Symptoms suggesting another STI or suspected complicated chlamydia | Symptoms suggesting another STI or suspected complicated chlamydia |
| Allergy to Doxycycline or another tetracycline or any excipients | Allergy to Azithromycin or any excipients |
| Taking medicines that interact with Doxycycline | Taking Medicines that interact with Azithromycin |
| Individuals with Myasthenia Gravis | Individuals with Myasthenia Gravis |
| Individuals with Lupus Erythematosus | The presence of rectal chlamydia |
| Individuals with fuctose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency | Severe hepatic impairmant |
| **Medication to be supplied** (Tick one box) | Doxycycline 100mg capsules/tablets (14 x 100mg)(First Line) Azithromycin 250mg capsules/tablets (8 x 250mg)  |
| **Dose frequency and duration:**  | Doxycycline 100mg twice a day for 7 days |
| Azithromycin 1 gram as a single dose followed by 500mg daily for 2 days |
| **Consent to treatment.**I can confirm that the information provided above is a true reflection of my individual circumstances and I give my consent to take part in the NHS A&A Community Pharmacy Chlamydia/ Gonorrhoea testing treatment/testing service and to the sharing of appropriate information with the sexual health team to allow partner notification. |
| **Signature of patient:** | **Date:** |
| Contact made with sexual health team for partner notification | Yes/No |

If child protection concerns are noted please contact Child Protection Service. If not competent to consent, patient should be referred to their GP or to a sexual health clinic.