Isle of Wight NHS
Primary Care Trust

PHARMACY CHLAMYDIA SCREENING ON THE ISLE OF WIGHT PATIENT GROUP DIRECTION (PGD)
CSO Tel No 01983 814285

<table>
<tr><td colspan="4">AZITHROMYCIN</td><td>POM</td></tr>
<tr><td colspan="2">NAME</td><td colspan="3"></td></tr>
<tr><td colspan="2">DATE OF BIRTH</td><td colspan="3"></td></tr>
<tr><td>Client IWCSP Number</td><td></td><td>Index Patient ☐</td><td colspan="2">Contact Patient ☐</td></tr>
<tr><td colspan="2">For contact patients attending with index patient please encourage completion and return of Chlamydia test and enter contact patient test number below.

Contact Patient IWCSP No</td><td colspan="3">Test returned Yes / No
(Contacts should be treated prior to testing, but encourage to complete and return test)</td></tr>
<tr><td>Pharmacy Name & Address</td><td colspan="4"></td></tr>
<tr><td>Date of Attendance</td><td colspan="4"></td></tr>
<tr><td>If Female: LMP</td><td></td><td>Normal Cycle</td><td colspan="2"></td></tr>
<tr><td>LSI</td><td></td><td>Contraception Method</td><td colspan="2"></td></tr>
<tr><td colspan="4">Pregnant/ Breastfeeding</td><td>Yes/ No</td></tr>
<tr><td colspan="4">Is there Acute Abdominal Pain</td><td>Yes/ No</td></tr>
<tr><td colspan="4">All Clients:
Current medications that interact with Azithromycin?</td><td>Yes/ No</td></tr>
<tr><td colspan="4">Current serious illness</td><td>Yes/ No</td></tr>
<tr><td colspan="4">Known allergies</td><td>Yes/ No</td></tr>
<tr><td colspan="4">If NO to all the above questions: Supply Azithromycin 1g stat Dose
If YES to any of the above refer via referral pathway
If allergic to Azithromycin, refer to alternate healthcare professional see referral pathway</td><td>Yes/ No</td></tr>
<tr><td colspan="4">Treatment issued:
Azithromycin 1g (stat)

Batch No.. Expiry date.......................

Were you expecting a positive result?
Have condoms been offered / CDS information given
Has advice been given on how to take Azithromycin (see PGD)
Has patient been Informed of Sexual Health Services
Has patient been advised to attend Full Sexual Health Screen</td><td>☐

Yes/ No
Yes/ No
Yes/ No
Yes/ No
Yes/ No</td></tr>
<tr><td colspan="5">I have discussed, where necessary, possible side effects, importance of compliance, partner treatment the need to abstain from sex for 1 week, the avoidance of antihistamines as necessary, according to treatment type supplied, and warned the patient re: interaction with the oral contraceptive pill.</td></tr>
<tr><td>Pharmacist Name:</td><td colspan="4">(Please print clearly)</td></tr>
<tr><td>Pharmacist Signature:</td><td></td><td>Date:</td><td colspan="2"></td></tr>
<tr><td>Patient Signature:</td><td></td><td>Date:</td><td colspan="2"></td></tr>
<tr><td>PARTNER SHEET INCLUDED</td><td>Yes / No</td><td colspan="2">NO PARTNERS TO REPORT</td><td>Yes / No</td></tr>
</table>

Isle of Wight NHS
Primary Care Trust

CONTACT(S) INFORMATION
Please Enter Index Patient IWCSP No – [IWCSP -]

<table>
<tr><td colspan="2">1. NAME</td><td colspan="2">DOB</td><td colspan="2">PHONE NO.</td></tr>
<tr><td colspan="4">ADDRESS</td><td>☐ Contact attended with Index Patient</td><td>☐ Contact card given</td></tr>
<tr><td>☐ Already screened within last month</td><td colspan="2">☐ To attend Sexual Health Service</td><td>☐ Patient to contact</td><td colspan="2">☐ CSP to contact</td></tr>
<tr><td>Date 1st Contact
Date 2nd Contact
Date 3rd Contact</td><td colspan="2">☐ Letter
☐ Letter
☐ Letter</td><td>☐ Text
☐ Text
☐ Text</td><td colspan="2">☐ Phone
☐ Phone
☐ Phone</td></tr>
<tr><td colspan="6">Notes:</td></tr>
</table>

<table>
<tr><td colspan="2">2. NAME</td><td colspan="2">DOB</td><td colspan="2">PHONE NO.</td></tr>
<tr><td colspan="4">ADDRESS</td><td>☐ Contact attended with Index Patient</td><td>☐ Contact card given</td></tr>
<tr><td>☐ Already screened within last month</td><td colspan="2">☐ To attend Sexual Health Service</td><td>☐ Patient to contact</td><td colspan="2">☐ CSP to contact</td></tr>
<tr><td>Date 1st Contact
Date 2nd Contact
Date 3rd Contact</td><td colspan="2">☐ Letter
☐ Letter
☐ Letter</td><td>☐ Text
☐ Text
☐ Text</td><td colspan="2">☐ Phone
☐ Phone
☐ Phone</td></tr>
<tr><td colspan="6">Notes:</td></tr>
</table>

<table>
<tr><td colspan="2">3. NAME</td><td colspan="2">DOB</td><td colspan="2">PHONE NO.</td></tr>
<tr><td colspan="4">ADDRESS</td><td>☐ Contact attended with Index Patient</td><td>☐ Contact card given</td></tr>
<tr><td>☐ Already screened within last month</td><td colspan="2">☐ To attend Sexual Health Service</td><td>☐ Patient to contact</td><td colspan="2">☐ CSP to contact</td></tr>
<tr><td>Date 1st Contact
Date 2nd Contact
Date 3rd Contact</td><td colspan="2">☐ Letter
☐ Letter
☐ Letter</td><td>☐ Text
☐ Text
☐ Text</td><td colspan="2">☐ Phone
☐ Phone
☐ Phone</td></tr>
<tr><td colspan="6">Notes:</td></tr>
</table>

Pharmacist Signature: ____________________ **Date:** ____________

Patient Signature: ____________________ **Date:** ____________

Please Fax completed paperwork following consultation to CSO on 01983 814302.