

E. Exhibit 2

CHLAMYDIA FOLLOW-UP

DATE	REPORT OF FOLLOW-UP SERVICES	SIGNATURE
	Client tested/type of test:	
	Lab reported + test result:	
	Client informed of + test result:	
	Phone call:	
	Phone call:	
	Letter:	
	Clinic Visit:	
	<input type="checkbox"/> Discussed Chlamydia <input type="checkbox"/> Discussed safer sex <input type="checkbox"/> Discussed treatment <input type="checkbox"/> Discussed rescreening (female client only) <input type="checkbox"/> Written info given: _____ _____ _____	
	Discussed treatment of partner(s) _____ (#) of partners identified <input type="checkbox"/> Partner management discussed <input type="checkbox"/> Contact field record(s) completed <input type="checkbox"/> Client will notify partners	
	TREATMENT: <input type="checkbox"/> Doxycycline 100 mg #14 sig 1 tab PO bid X 7 days <input type="checkbox"/> Azithromycin 1 gm PO stat – single dose	
	Discussed Birth Control Plan: Condoms given # _____ Follow-up Plan:	
	RESCREENING: Client notified to RTC for retesting # or previous partners who received CT TX _____ Client RTC for Rescreening Test Result:	

Name _____
Client # _____ DOB _____

Oregon Family Planning Program
 Sample Chlamydia Charting Form
 07/07

Chlamydia Follow-up

Presumptively Treated:

- Contact the client and advise of + test results
- Discuss regarding taking medication regularly (if Doxy was used)
- Discuss safe sex
- Discuss partner management
- Discuss rescreening (female clients)
- Confirm contact information

Not treated at time of testing:

- Schedule time for client to RTC for TX, encourage partner to come also
- At time of clinic visit, provide client education re: disease, risk reduction, treatment, partner management, rescreening (for females)
- If partner(s) not with client, discuss partner management, develop plan
- Provide treatment
- Dispense condoms
- RTC if has symptoms/symptoms persist or has unprotected sex with untreated partner
- Confirm contact information
- Discuss rescreening