Chlamydia trachomatis Antibiotic Resistance Enhanced Surveillance (Male Patients)

GU Clinic Number:	GUM Clinic:
Date of Birth:	Date Reported:

1. Ethnicity:
   White
   ☐ British ☐ Irish ☐ Other
   Black
   ☐ Caribbean ☐ African ☐ Other
   Asian
   ☐ Indian ☐ Bangladeshi ☐ Pakistani ☐ Other
   ☐ *Chinese* ☐ *Other* ☐ *Unknown*

2a. **Date of initial Chlamydia positive test: __/__/____**

2b. Recent Sexual History (last 3 months):
   New sexual partner?
   ☐ Yes ☐ No ☐ Unknown

   Multiple sexual partners?
   ☐ Yes ☐ No ☐ Unknown

   Sex abroad?
   ☐ Yes ☐ No ☐ Unknown
   If yes, location: ________________

   Sex of partner(s)
   ☐ Male ☐ Female
   ☐ Both ☐ Unknown

2c. Symptoms (tick all that apply)
   ☐ Discharge
   ☐ Dysuria
   ☐ Penile irritation
   ☐ Urethritis

2d. Signs (tick all that apply)
   ☐ Discharge
   ☐ Epididymo-orchitis
   ☐ SARA

2e. Detection Methodology for *C. trachomatis* (please detail):
   ☐ NAAT
   ☐ EIA
   ☐ Other, please state:___________
   ☐ Diagnosis not confirmed

2f. Treatment:
   ☐ Azithromycin 1g stat
   ☐ Doxycycline 100mg bd 7/7
   ☐ Other (please give details with dates) ______________________

3. Past history of *C. trachomatis*?
   ☐ Yes; Date of diagnosis: ________________; KC60 code: ________________
   ☐ No
   ☐ Unknown

4a. **Date of Chlamydia positive retest: __/__/____**

4b. Detection Methodology (please detail):
   ☐ NAAT
   ☐ EIA
   ☐ Other, please state:_____________
   ☐ Diagnosis not confirmed

4c. Symptoms (tick all that apply)
- ☐ Discharge
- ☐ Dysuria
- ☐ Penile irritation
- ☐ Urethritis

4d. Signs (tick all that apply)
- ☐ Discharge
- ☐ Epididymo-orchitis
- ☐ SARA

4e. Medication taken correctly?

Azithromycin 1g stat
☐ Yes ☐ No ☐ Unknown

Doxycycline 100mg bd
☐ Yes ☐ No ☐ Unknown
Number of days missed ____
Number of tablets missed: ____

Other therapy, ______________
☐ Yes ☐ No ☐ Unknown
Number of days missed ____
Number of tablets missed: ____

5a. Has the patient been sexually active since starting treatment?
☐ Yes ☐ No ☐ Unknown (If yes, please answer the following)

5b. **Sexual History following initial Chlamydia diagnosis:**

	1st Partner	2nd Partner	3rd Partner	4th Partner
After receiving treatment, how many days elapsed before the patient had sexual intercourse with each partner?	____ (days)	____ (days)	____ (days)	____ (days)
Had the patient had sexual intercourse with this partner in the 6 months prior to diagnosis?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Had the patient completed treatment prior to sexual intercourse?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Has this partner tested positive for Chlamydia in the past 3 months (if yes, please provide treatment details below)?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Sex of the partner	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Type of sexual intercourse (tick all that apply)	☐ Vaginal ☐ Anal ☐ Oral	☐ Vaginal ☐ Anal ☐ Oral	☐ Vaginal ☐ Anal ☐ Oral	☐ Vaginal ☐ Anal ☐ Oral
Did they use a condom?	☐ Always ☐ Usually ☐ Never ☐ Unknown	☐ Always ☐ Usually ☐ Never ☐ Unknown	☐ Always ☐ Usually ☐ Never ☐ Unknown	☐ Always ☐ Usually ☐ Never ☐ Unknown

6. **Comments:**