STI Clinic Form

(To be used during EIMS failure only)

Date :_____

Name of the Doctor :_____

File No :_____

Visit Type : First Visit ☐ Follow-up visit ☐

Patient's Presenting Complaint

_____

_____

Past medical history :_____

Any Allergies :_____

Blood risk :_____

Substance use :_____

Previous STD :_____

Sexual history

LSE When :_____ Number of Partners 3m :_____

With whom :_____ 1year :_____

Type :_____ lifetime :_____

Condom Use (if relevant) :_____

KP Status :_____

LRMP :_____ Currently pregnant yes☐ no☐

Examination :

_____

_____

Investigations Ordered :

_____

_____

Current Diagnosis :_____

Management :

_____

_____

Next review date :_____

Note: *Need to enter all data in this form once EIMS is restored.*