

Check list to be used by accredited pharmacist issuing treatment in accordance with patient group direction and protocol for the supply of the treatment of uncomplicated genital Chlamydia.

Pt details: Name or CRN number

Date of birth

Seen by:

Date:

	NO	YES	Consultation notes
Check patient details & check correct diagnosis, medication, dose and expiry date			
Check for exclusions as per patient group direction.			
Discussed treatment, side effects and the importance of compliance			
Advised to refrain from sexual contact until infection fully treated and partners treatment completed			
Discussed possible reduced efficacy of OCP and possible interactions with other medication (if appropriate)			
Safer sexual health discussed, diagnosis discussed and information leaflets given for both chlamydia & azithromycin/doxycycline (delete as appropriate)			
Details of follow up arrangements given if appropriate			

THIS RECORD TO BE KEPT IN SERVICE RECORDS