



To enable you to record the supply of Azithromycin for Chlamydia treatment you need to fill in the details listed in the service. By entering the Chlamydia Screening Number into PharmOutcomes, you don't then need to fax it to the Avon Screening Office as they are able to download the data.

## S Glos Chlamydia Treatment Service (Preview)

Provision Date

Name

Date of Birth   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Postcode

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**Patient consent for service obtained?**  Yes  No

**Confidentiality policy explained?**  Yes  No

**Chlamydia screening programme number**   
Reassure client that patient identifiable in only available in the pharmacy.

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**- Referral Information**

Reason for treatment

**Referral required**

For patients who are excluded or refuse treatment please phone ACSO on 0117 922 2265

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**- Client assessment questions**

**Are there any known medication or food allergies or hypersensitivities?**  
 Yes  No

**Are there any possible interactions with current medication (including non prescribed and herbal or complementary)?**  
 Yes  No

**Patient Group Direction**

Please refer to Bristol's PGD which can be found [here](#).

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**- Chlamydia Treatment Supply**

**Treatment supplied?**

Batch number

Expiry date   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Taken in pharmacy

**Expiry Date Entry**

Use the 1st of the month that the medication expires.

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**- Chlamydia test**

Chlamydia test supplied  Yes  No  
 for clients partner(s)?

Please select the treatment that you have provided from the drop down box. This will then ensure you receive the correct payment for the supply.

Once complete, click save and payment will be paid according the normal payment cycle.

Any queries, please email [avonlpc@gmail.com](mailto:avonlpc@gmail.com)

**Easy Guide**  
**Delivering the Chlamydia Treatment Service**