

# Instructions for STD Medication Administration Form

Manitoba  
Health  
Public Health



C O M M U N I C A B L E   D I S E A S E   C O N T R O L

Complete STD Medication Administration Form(s), entering information on each drug that is dispensed. Forward STD Medication Administration Form(s) *once a month* to:

STD Program  
Communicable Disease Control Unit  
Manitoba Health  
4th floor  
300 Carlton Street  
Winnipeg, MB R3B 3M9  
(204) 788-6738  
Fax: (204) 948-2040

The forms should be filled out as drugs are dispensed to assist in accurate recording of information. The following information is to be collected on each client:

- PHIN -** Personal Health Information Number (9 digits). If no PHIN is available, provide the MHSC number and date of birth of the client.
- DATE OF TREATMENT -** Year, Month and Day that treatment was dispensed.
- GENDER AND PREGNANCY STATUS -** Indicate number as per the list provided.
- DIAGNOSIS -** Indicate diagnosis number, as per the list provided. Note that initial patients and contacts have separate diagnosis numbers.
- TREATMENT PROVIDED -** Indicate treatment number, as per the list provided.

## Was a laboratory test result available at the time of treatment?

Is there laboratory confirmation of infection *at the time of treatment*, or is the client being treated on the basis of symptoms and/or history of exposure (presumptive diagnosis)? Record “Y” if a laboratory result is available at the time of treatment, and “N” if not.

## If a laboratory test result was *NOT* available at the time of presentation/treatment, was the client referred for a laboratory test?

Record “Y” if a laboratory test was ordered, and “N” if not.