

Department of Sexual Health OUTCOME FORM

Label (recep)

Date(Recep)

Call patient by.....(Recep)

Seen by

Attendance/Type

FP	
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GUM	
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LOC:	SAL	CHC	TROW	WAR
DEV	MEL	CALN	TID	

NEW		REBOOK		F/UP	
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1 st FIN		F/UP FP	
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HET	MSM	BI	WSW	OTHER
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CULTURES/SWABS										
	CHLAMYDIA			GONORRHOEA			SMEAR	REQ	SENT	RESULT
	REQ	SENT	RESULT	REQ	SENT	RESULT				
Urine NAAT							HSV PCR			
Rectal NAAT							STS PCR			
Throat NAAT							MYCO-PLASMA			
VVS NAAT							MC&S			
GC CULTURE			SITE	REQ	SENT	RESULT	BIOPSY			
			Urethral				U/S			
			Rectal							
			Cervical							
			Throat							

BLOODS			
	REQ	SENT	RESULT
STS/STS RPR			
HIV			
HEP B SURFACE ANTIGEN			
HEP B S Abs (post vac)			
HEP C Abs/PCR			
HEP A			
HIV POCT			
OTHER			

URINE			
	REQ	RESULT	SIGN
UA			
PT			

MICROSCOPY				
UR	CX	HVS	WET	D/G

Slide read by

HEIGHT	WEIGHT	BMI	BP	PULSE	TEMP

GUM/SHHAPT CODE

MEDS:
VACS:

CASH/SHRAD CODES

TOC
MGen / GC / CT

Due date:

Home Test
DOSH

Notes:

RESULTS

POS CONFIRMED BY NAME/DATE.....

POS ENTERED ONTO LILIE BY NAME/DATE.....

POS RESULT ACTIONED BY NAME/DATE.....

SXTSENT..... YES / NO

UNABLE TO CONTACT: MESSAGE LEFT: SMS SENT:

Follow up in clinic:

NEG CONFIRMED BY NAME/DATE.....

NEG ENTERED ONTO LILIE BY NAME/DATE.....

NEG RESULT ACTIONED YES/NO SMS/EMAIL/PHONE