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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Visit** | **Patient Presentation** | **Treatment at Visit** | **Follow-Up Timeframe** | **Results Letter to Send** | **Scheduling Method** | **Notes** |
| Initial Visit:  Presumptive diagnosis/treatment | Negative results, no treatment | NONE | None | N/A | N/A | Refer also to Initial Visit: Serology/Cultures |
| Positive CT, GC, Trich, presumptively treated | SAME DAY | 2 weeks | Positive-Treated | In-Office | 2-WeekTest of Cure appt |
| Positive Yeast, BV, Scabies, Pedic. Pubis, NGU, Epididymitis; patient presumptively treated | SAME DAY | None | N/A | N/A | Pt can call to schedule if symptoms persist after treatment. |
| Initial Visit:  Serology/Cultures | All Negative results | NONE | None | Negative/No Follow-Up Necessary | N/A | IF NO EMAIL: return visit in 2 weeks to receive results (Pt call to sched) |
| ANY Positive result(s) | AT RETURN VISIT | 2 weeks | Positive-Need Treatment/ Follow-up | Pt Call to Sched | If pt is already scheduled for 2-week Test of Cure, no additional appt is necessary. |
| Initial Visit: Pregnancy Test | Negative Pregnancy Test | Give pt Home Pregnancy Test (HPT) | Immediately if positive HPT; or 4 Weeks (if no menses) | N/A | Pt Call to Sched |  |
| Positive Pregnancy Test | Ultrasound | 1 week (if repeat U/S required) | N/A | In-Office |  |
| Return Visit:  Treatment/Follow-Up | Positive CT, GC Culture | SAME DAY | 2 Weeks | N/A | Pt Call to Sched | 2-Week Test of Cure appt |
| Positive HIV, Hepatitis, HSV, Syphilis | NONE | Referral for treatment, follow-up | N/A | N/A | No 3-month retest |
| Test of Cure Visit: | Negative results | NONE | NONE | Negative/No Follow-Up Necessary | N/A |  |
|  | Positive result(s) | Repeat treatment once, with follow-up as directed on initial treatment. If second treatment fails, refer for additional medical follow-up. | 2 Weeks | N/A | In-Office | 2-Week Test of Cure appt |