

## Drug Treatment Program

### DOXYCYCLINE FOR BACTERIAL SEXUALLY TRANSMITTED INFECTION (B-STI) PREVENTION ENROLMENT & PRESCRIPTION FORM

Please return completed form  
by Fax **604-806-9044**  
BC-CfE Drug Treatment Program  
B687-1081 Burrard Street, Vancouver, BC  
V6Z 1Y6 Telephone: 604-806-8515

BC-CfE USE ONLY

**STIP ID #**

**CFE/PrEP ID #**

- B-STI Prevention Initial Enrolment
- B-STI Prevention Prescription Refill

#### Patient & Prescriber Information

Patient (Legal First or Given Names):	Patient (Legal Last Name):	Telephone:
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Patient's Address:	Postal Code:	BC Personal Health Number or Other Billing #:
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Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other: _____	Date of Birth: <span style="float: right; font-size: small;">DD MON YYYY</span>
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Does this individual self-identify as an Indigenous person?  Yes  No  Unknown  Prefer not to answer

If Yes,  First Nations  Métis  Inuit  Other:

If the individual does not self-identify as an Indigenous person, how does this individual self-identify? (Check all that apply)

Black  East Asian  Latin American  Middle Eastern  South Asian  Southeast Asian

White  Other: \_\_\_\_\_  Unknown  Prefer not to answer

<b>Prescriber Information</b>	College ID number (CPSID):
Prescriber Name:	MSP number:
Prescriber Address:	Telephone:
	Fax:

#### Initial Program Eligibility Program information can be found at [bccfe.ca/drug-treatment-program](http://bccfe.ca/drug-treatment-program)

**BC-CfE Drug Treatment Program participant:** (Must be currently enrolled in one of the following programs)

HIV Pre-Exposure Prophylaxis Program (HIV PrEP)    or     HIV Treatment Program (Person living with HIV)

**Identifies with one of the following groups:**

Gay, bisexual and other men who have sex with men    or     Transgender woman

If other group, provide clinical justification: \_\_\_\_\_

**B-STI risk:** (Select all that apply)

History of B-STI in the past year    and / or     Clinically assessed increased risk of B-STI

#### Medical Information

<b>Most recent B-STI screening test date:</b> _____ <span style="font-size: small;">DD MON YYYY</span>	<b>Most recent B-STI(s) diagnosed in the past 12 months</b> (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Syphilis    _____ <input type="checkbox"/> Chlamydia    _____ <input type="checkbox"/> Gonorrhea    _____ <span style="float: right; font-size: small;">DD MON YYYY</span>	<b>Drug Allergies/ Intolerance (specify):</b>  <input type="checkbox"/> None
<input type="checkbox"/> <b>Confirmed no currently active B-STI</b> (prior to starting doxycycline prophylaxis)		

#### Medication Prescription

**Doxycycline 100 mg capsule or tablet**    **Take two capsules or tablets (2 x 100 mg) as soon as possible (up to 72 hours) after condomless sex. Maximum 200 mg per 24 hours.**

**Quantity:** Initial prescription  30    Continuation  30     60     100 capsules / tablets  
(no prior doxycycline B-STI prophylaxis)

**Pick-up site:**  St. Paul's Hospital Ambulatory Pharmacy, #B163-1081 Burrard Street, Vancouver BC, Telephone: 1-800-547-3622    **Please specify pick-up date:** \_\_\_\_\_

Healthcare site (outside Vancouver): \_\_\_\_\_

**Prescriber's signature:** \_\_\_\_\_    **MSC#:** \_\_\_\_\_    **Date:** \_\_\_\_\_

BC-CfE USE ONLY    **Reviewer Initials:** \_\_\_\_\_    **Date:** \_\_\_\_\_