## Appendix 2. Patient-delivered partner therapy (PDPT) autofill for patient notes

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| **Shortcut** | **Text** |
| PDPT | PDPT offered: Y/NPDPT accepted: Y/N**If accepted:**Number of partners PDPT used to treat: [insert number]Azithromycin 1 g orally prescription provided to index for treatment of [insert partner name(s) and other relevant contact details or medical history provided by index as per jurisdictional requirements].Prescription(s) provided via [handwritten/letter template].Information about PDPT has been provided to the patient to give to their partner(s) with the script.**If relevant:**[Partner name] is a patient at this clinic. |