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

|  |  |
| --- | --- |
| **Shortcut** | **Text** |
| PDPT | PDPT offered: Y/N  PDPT 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. |