MIDIS ID: _____

DPHHS STD CASE REPORTING FORM: GONORRHEA - SYPHILLIS

PATIENT TAB Demographic Information

First Name:	Last Name:	Date of Birth: Age:	
Street Address:	City: County:	State:	ZIP Code:
Current gender: ☐ Male ☐ Female ☐Transgender ☐ M to F ☐ F to M ☐ Refused		Cell Number: _____ Other Number: _____	
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐Refused		Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Refused	

CASE INFO TAB Reporting Information

Investigation Start Date:	Diagnosis Date:	Diagnosis Reported to CDC: ☐Chlamydia ☐Gonorrhea ☐Syphilis
Date of Report:	Confirmation Date:	
Earliest Date Report to County:	Case Status: ☐ Confirmed ☐ Probable	
Earliest Date Report to State:	Was Patient Hospitalized? ☐ Yes ☐ No ☐ Unknown	
Reporting Source:	Patient Lost to Follow-up:	

CASE MANAGEMENT TAB Case Management

Eligible for Notification of Exposure:	Exam Date:	Dispositioned by:
Investigator: Date Assigned:	Treatment Start Date: **Was appropriate treatment administered? ☐ Y ☐ N**	Interviewer: Interview Date Assigned: Interview Status:
Exam Reason†:	Disposition†:	Date Closed:
	Disposition Date:	Closed by:

†See glossary for valid choices.

GENERAL COMMENTS

MIDIS ID: _____

CORE INFORMATION TAB Other STDs, Behaviors, Partners and Pregnancy Information

Is the patient pregnant? ☐Y ☐ N ☐U	**HIV Status**	
Pregnant at Exam: ☐Y ☐ N ☐U Number of Weeks:	☐Negative ☐Prior Positive—Not previously known ☐Prior Positive—New STD or Pregnancy ☐Prior Positive—Contact to STD/HIV Case	☐Newly Diagnosed ☐Unknown ☐Other

Behavioral Risk Factors

Was Behavioral Risk Assessed?	☐Yes ☐No		
If Yes: In the past 12 months, has the patient:			
Had sex with a male?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex with a female?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex with a transgender person?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex with an anonymous partner?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex without using a condom?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex while intoxicated and/or high on drugs?	☐Yes ☐No	☐Declined	☐ Unknown
Exchanged drugs/money for sex?	☐Yes ☐No	☐Declined	☐ Unknown
Had sex with a known MSM? (Females only)	☐Yes ☐No	☐Declined	☐ Unknown
Had sex with a person who is known to him/her to be an IDU?	☐Yes ☐No	☐Declined	☐ Unknown
Been incarcerated?	☐Yes ☐No	☐Declined	☐ Unknown
Engaged in injection drug use?	☐Yes ☐No	☐Declined	☐ Unknown
Shared injection drug equipment?	☐Yes ☐No	☐Declined	☐ Unknown
In the past 12 months, has the patient used the following drugs?			
Cocaine:	☐Yes ☐No	☐Declined	☐ Unknown
Crack:	☐Yes ☐No	☐Declined	☐ Unknown
Heroin:	☐Yes ☐No	☐Declined	☐ Unknown
Methamphetamines:	☐Yes ☐No	☐Declined	☐ Unknown
Nitrates/Poppers:	☐Yes ☐No	☐Declined	☐ Unknown
Erectile dysfunction medications:	☐Yes ☐No	☐Declined	☐ Unknown
Other, Specify:	☐Yes ☐No	☐Declined	☐ Unknown

Hangouts

Met sex partners through the Internet? ☐ Y ☐ N	If yes, specify:
Other places to meet partners? (optional) ☐ Y ☐ N	If yes, specify:

Partner Information

Sex Partners	**Past Year**			**Interview Period**		
Female	Number:	☐Unknown	☐Refused	Number:	☐Unknown	☐Refused
Male	Number:	☐Unknown	☐Refused	Number:	☐Unknown	☐Refused
Transgender	Number:	☐Unknown	☐Refused	Number:	☐Unknown	☐Refused

Target Population: *Check all that apply.*

Chlamydia Under 25 ☐	High Risk Heterosexual ☐ (HRH)	Injecting Drug User ☐ (IDU)	Men who have Sex with Men (MSM) ☐	None Identified ☐

MIDIS ID: _____

SYPHILIS ONLY ** Note: Shaded area required for syphilis only.*

Syphilis Test Performed? Y☐ N ☐			
Test Type(s)	Test Result(s)	Test Result(s) Quantitative	Test Result(s) Date

Signs and Symptoms

Source: Clinician/Patient	Sign(s)/Symptom(s)	Anatomic Site	Onset Date

Previous STD History ☐ Y *(please indicate below)* ☐ N ☐ Refused ☐ Unknown

Condition	Diagnosis Date	Treatment Date	Confirmed

Referred to Testing

Referred to HIV Testing: ☐ Y ☐ N	Referral Date:	HIV (900) Test: ☐Y ☐N ☐ Refused ☐ Didn't Ask ☐ Unknown	HIV Test Result:

Pre-exposure Prophylaxis for HIV (PrEP)

Is the client currently on pre-exposure prophylaxis (PrEP)? ☐Y ☐N ☐Unknown	Has the client been referred to a PrEP Provider? ☐Y ☐N ☐Partner Declined ☐Partner on PrEP

Note for MIDIS Entry: *Press **SUBMIT** to save investigation data.*

MANAGE ASSOCIATIONS BUTTON Treatment Information

Add New Treatment Button

Was treatment given for this infection? ☐Y ☐N	Provider/ Facility:
Chlamydia: ☐ 1g Azithromycin ☐ 100mg Doxycycline BID x _____ days ☐ Other:	**Gonorrhea**: ☐ 500mg IM Ceftriaxone ☐ 800mg Cefixime ☐ Other:
Syphilis: Bicillin 2.4 mg x 1 dose ☐; x 3 doses☐	Other:

CONTACT RECORDS TAB Interview Record

Add New Interview Button

Date of Interview:	Interview Type: ☐ Initial/Original ☐Presumptive ☐ Re-Interview
Interview Location: ☐Clinic ☐Field ☐Internet ☐Other ☐Telephone	Name of Interviewer: Were contacts named at this interview? ☐ Yes ☐ No

Collect contact information for partners. When conducting partner interview, please use "*STD Contact Record Form*"

No.	Partner Name	Gender	Exposure Time	Contact Info

MIDIS ID: _____

This page is for reference only and does not need to be printed with each case investigation form.

GLOSSARY

DISPOSITION	**EXAM REASONS**
A - Preventative Treatment B - Refused Preventative Treatment C - Infected, Brought to Treatment D - Infected, Not Treated E - Previously Treated for This Infection F - Not Infected G - Insufficient Info to Begin Investigation H - Unable to Locate J - Located, Not Examined and/or Interviewed K - Sent Out Of Jurisdiction L - Other Q - Administrative Closure V - Domestic Violence Risk X - Patient Deceased Z - Previous Preventative Treatment	Asymptomatic Community Screening Delivery - Action Exposure to Sexually Transmissible Disorder HD Referral Institutional Screening Prenatal Examination and Care of Mother Self-Referral Symptomatic Unknown

INTERVIEW PERIOD	
Chlamydia	60 days before onset of symptoms through date of treatment
Gonorrhea	60 days before onset of symptoms through date of treatment
Primary Syphilis	90 days prior to date of onset of primary lesion through the date of treatment
Secondary Syphilis	6.5 months prior to date of onset of secondary symptoms through the date of treatment
Early Latent Syphilis	1 year prior to start of treatment