CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE RECORD

PATIENT INFORMATION										ENTERED IN MIDIS BY:				
Name:									DOB:					
Address:									Phone:					
City: Zip:					County:			Phone:						
Age:	Sex: ☐ M IA:	□ F	Race:		American Ir Hispanic		☐ Asia		□ White	9	☐ Other ☐	Unknow	/n	
SPECIMEN COLLECTION/CLINICAL DIAGNOSIS														
Lab performing test:						Test 1	Test Type:							
Date lab specimen collected:						Test Source:								
Date Lab Report Received:						Date Reported to Health Dept:								
Diagnosis: ☐ Chlamydia ☐ Gonorrhea ☐ Syphilis STAGE:									Pregnant: ☐ Yes ☐ No PID: ☐ Yes ☐ No					
Health Care Provider:						Provider's Phone:								
PATIENT TREATM	IENT INFORM	IATION												
Date: Med: □]				Dosag	ge: 🗆		Duration:				
										1				
Date: Med:							Dosag	ge:		Duration:				
CONTACT INTERV	/IEW													
Interviewer: Date:								Interviewing Agency:						
CONTACT INFORM	MATION If nec	cessary, incl	lude addi	tional sh	eets	Please #	each ad	ditional contact a	and collect CC	MPLE	TE locating infor	mation. Fill	in	
with patient and co						text fiel	1	quired Disposition	on Code for ea	ch dis		1	1	
Local Contact Name (use supplemental/OOJ form as ne					eeded).		Test Date			Date of Tx or Previous Tx				
1.														
2.														
PATIENT RISK ASSESSMENT INFORMATION Mark applicable answers and								l e patient expos	ure informa	tion v	vithin past 12 r	nonths.		
# partners 1 year/2mos. Yes No							Yes No							
Had sex w/male?/					Shared injection equipment?									
Had sex w/female?/				Injection/Non-inject drug usage? Note drugs:										
Had sex w/transgender?/				Was patient tested for HIV? ☐ Refused ☐ Unknown ☐ Did not ask										
Had sex w/anon. partner?				Patient's HIV status? ☐ Positive ☐ Negative ☐ Unknown										
Had sex w/o condom?				Was patient counseled for HIV?										
Had sex while intoxicated/high?				Prior STD history?										
Exchanged drugs/money for sex?				Infection/date:										
Females – had sex w/known MSM?					Met partners via internet/app? ☐FB ☐Meet Me ☐Tinder ☐Grinder ☐Bumble Other:									
Had sex w/known IDU?				Patient screened: ☐ Gonorrhea ☐ Syphilis ☐ Other:										
Been incarcerated?				Partners referred to agencies offering free/reduced cost testing/tx?										
Injection drug use?					Reason for exam? Symptomatic Asymptomatic Contact to STD Prenatal									
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A. Preventative treatm	D. Infected, not treated G. Insufficient information to begin investigation													
B. Refused preventative treatment Infected, brought to treatment					E. Previously treated for this infection H. Unable to locate F. Not infected J. Located, refused examination									
Comment Section:					K. Out of jurisdiction									
					□Called:/by;/by;/by □ VM □ spoke □Texted: / / by ; / / by ; / / by									
☐ Update of price			mpleted	report				;//_ ;/				□ respon	ded)	

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