STD CASE RECORD FORM

	SID CASE REC		Interview
Patient ID Condition(s) Re	eInfection? If yes, #	Case ID	Record ID
	Y N U L	1	
2		2	
Name		Demographi	ics
		, ,	
		/ / Date of Birt	
Last Name	First Name	Middle Name	Al/AN A B NH/PI W U R
		M	Race
Preferred Name / AKA		Maiden Name Sex at Birth	S M Sep D W C U R Marital Status act
Address		Phone/Conta	act
Residence Street	(Apt. #) City	Home Phone	₅
	,	Work Phone	&
State Zip Cour	nty District	Country	
		Cellular Phone	
		Emergency Con	tact
		E-Mail Address(es)
Reporting Information			rted to CDC: 200-CT 300-GC
Investigation Start Investigation Date:	Diagnosis Date:		rted to CDC: 200-CT 300-GC
Date of Report:	Reporting County:	PID: N U Y	′ 2
Earliest Date Report to County:	Confirmation Method: Lab	boratory confirmed	
Earliest Date Report to State:	Confirmation Date:		TAB
Was patient hospitalized?: N U Y	Case Status:		1
Case Management			
Patient Eligible for Notification of Exposure:	Disposition:	Date Assigned	CAS
Investigator:	Disposition Date:	Patient Intervi	
Date Assigned:	Dispositioned by:	Date Closed:	
Exam Dt:	Supervisor:	Closed by:	A
	Interviewer:		
	Pregnan	icy	
Pregnant at Exam? Pregnant at #Weeks Pregnant at Interview?	NUR Currently in Prenatal Care?	Y N U R Pregnant in Last 12 Mos?	WANAGEWIEN I AB
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RISK FACT	TORS	&
	completed a behavioral risk profile.		ut no behavioral risks were identified discuss behavioral risk factors
Y-Yes, Anal or Vaginal Intercour	se (with or without Oral Sex	() O-Yes, Oral Sex Only U-	Unspecified Type of Sex
Within the past 12 months has the patient:	N-No R-Refused to Ans	swer D -Did Not Ask	
1. Had sex with a male?		6. Had sex while intoxicated and/or high	n on drugs?
2. Had sex with a female?		7. Exchanged drugs/money for sex?	on who is
3. Had sex with a transgender person?		O Manualana 1991 1	
		8. [Females only] Had sex with a pers known to her to be an MSM?	on who is
Had sex with an anonymous partner?		9. Had sex with a person known to him	
		be an IDU?	1

5. Had sex without using a condom?

	Y-Yes N-No R-Refuse	d to Answer D- Did Not Ask
Within the past 12 months has the patien 10. Been incarcerated? 11. Engaged in injection drug use? 12. Shared injection drug equipment? Social History	Y/N/R/D following been use	ng the past 12 months, which of the g injection or non-injection drugs have ed? (Y/N/R/D) None
Places Met Partners Type Name Unknown Refused to answer	Places Had Sex Type Name Unknown Refused to answ	Female U R 1 Male U R 1 Partners in Ix Period Y N # Female U R 2
	Partner Intern	net Information
Were any of the sex partners met through the	e internet within the last 12 months'	? Yes No Refused to answer Did not ask
Date Collected//	Provider	Test Specimen Source Qualitative Result PNIU PNIU PNIU PNIU
STD History		
Previous STD History? N Refused to A	Answer Y Unknown	
900 Partner Services Information-HIV Testi	ng	
Refer for Test:	900 Test	
Referral Date:	900 Resu	ult:
STD Treatment		
Treatment Date	Provider	Drug and Dosage
		_Azithromycin 1 gm X 1
		Ceftriaxone 250mg X 1
Treatment Comments:		Provider Choice:

Add New Ir	nterview					
Date of Intervi	ew:					
Interview Type	e: Initial/Original					
Interview Loca	tion: Clinic Field Telephone	е				
Were contacts	named at this interview: N Y					
Partner/Co	ntact Information					
Partner	Contact Tab⇒	Name: Last	First	DOB or Age:	Gender: M F	
	Contact Record Tab⇒Jurisdiction:	Relationship w/patient?	Named:	Referral Basis:	Last Exposure Date:	
		This patient Processing Decision: Field f/u	PHN with date	P1-Partner, Sex		
	Follow-up Investigation Tab⇔	Investigation Start Date:	Date Assigned to Investigation:		Notifiable:	
	Supplemental Info Tab (optional)					
	Exam Date:	Disposition:	Disposition Date:	Disposition By:	Supervisor:	
	Comments					
Partner	Contact Tab⇔	Name: Last	First	DOB or Age:	Gender: M F	
	Contact Record Tab⇒Jurisdiction:	Relationship w/patient?	Named:	Referral Basis:	Last Exposure Date:	
		This patient Processing Decision: Field f/u	PHN with date	P1-Partner, Sex		
	Follow-up Investigation Tab⇔	Investigation Start Date:	Date Assigned to Investigation:		Notifiable:	
Supple	Supplemental Info Tab (optional)					
	Exam Date:	Disposition:	Disposition Date:	Disposition By:	Supervisor:	
	Comments					
Partner	Contact Tab⇔	Name: Last	First	DOB or Age:	Gender: M F	
	Contact Record Tab⇔Jurisdiction:	Relationship w/patient? This patient Processing Decision: Field f/u	Named: PHN with date	Referral Basis: P1-Partner, Sex	Last Exposure Date:	
	Follow-up Investigation Tab⇔	Investigation Start Date:	Date Assigned to Investigation:		Notifiable:	
	Supplemental Info Tab (optional)					
	Exam Date:	Disposition:	Disposition Date:	Disposition By:	Supervisor:	
	Comments					