

DPHHS STD CASE REPORTING FORM: GONORRHEA - SYPHILLIS

PATIENT TAB Demographic Information

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

CASE INFO TAB Reporting Information

Investigation Start Date:	Diagnosis Date:	Diagnosis Reported to CDC: <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis
Date of Report:	Confirmation Date:	
Earliest Date Report to County:	Case Status: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable	
Earliest Date Report to State:	Was Patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Reporting Source:	Patient Lost to Follow-up:	

CASE MANAGEMENT TAB Case Management

Eligible for Notification of Exposure:	Exam Date:	Dispositioned by:
Investigator:	Treatment Start Date:	Interviewer:
Date Assigned:	Was appropriate treatment administered? <input type="checkbox"/> Y <input type="checkbox"/> N	Interview Date Assigned:
Exam Reason†:	Disposition†:	Interview Status:
	Disposition Date:	Date Closed:
		Closed by:

†See glossary for valid choices.

GENERAL COMMENTS

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

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

Behavioral Risk Factors

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

Hangouts

Met sex partners through the Internet?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, specify:
Other places to meet partners? (optional)	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, specify:

Partner Information

Sex Partners	Past Year		Interview Period	
Female	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		
Male	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		
Transgender	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	Number: <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		

Target Population: *Check all that apply.*

Chlamydia Under 25 <input type="checkbox"/>	High Risk Heterosexual (HRH) <input type="checkbox"/>	Injecting Drug User (IDU) <input type="checkbox"/>	Men who have Sex with Men (MSM) <input type="checkbox"/>	None Identified <input type="checkbox"/>
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SYPHILIS ONLY * Note: Shaded area required for syphilis only.

Syphilis Test Performed? Y <input type="checkbox"/> N <input type="checkbox"/>			
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: <input type="checkbox"/> Y <input type="checkbox"/> N	Referral Date:	HIV (900) Test: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused <input type="checkbox"/> Didn't Ask <input type="checkbox"/> Unknown	HIV Test Result:
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Pre-exposure Prophylaxis for HIV (PrEP)

Is the client currently on pre-exposure prophylaxis (PrEP)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	Has the client been referred to a PrEP Provider? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Partner Declined <input type="checkbox"/> Partner on PrEP
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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? <input type="checkbox"/> Y <input type="checkbox"/> N		Provider/ Facility:
Chlamydia: <input type="checkbox"/> 1g Azithromycin <input type="checkbox"/> 100mg Doxycycline BID x _____ days <input type="checkbox"/> Other:	Gonorrhea: <input type="checkbox"/> 500mg IM Ceftriaxone <input type="checkbox"/> 800mg Cefixime <input type="checkbox"/> Other:	
Syphilis: Bicillin 2.4 mg x 1 dose <input type="checkbox"/> ; x 3 doses <input type="checkbox"/>	Other:	

CONTACT RECORDS TAB Interview Record

Add New Interview Button

Date of Interview:	Interview Type: <input type="checkbox"/> Initial/Original <input type="checkbox"/> Presumptive <input type="checkbox"/> Re-Interview
Interview Location: <input type="checkbox"/> Clinic <input type="checkbox"/> Field <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Telephone	Name of Interviewer: Were contacts named at this interview? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

No.	Partner Name	Gender	Exposure Time	Contact Info

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