CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE RECORD

PATIENT INFORMATION **ENTERED IN MIDIS BY:**

Name:		DOB:
Address:		Phone:
City: Zip:	County:	Phone:
Age:	Sex: ☐ M ☐ F IA:	Race: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other ☐ Unknown Ethnicity: ☐ Hispanic ☐ Non-Hispanic

SPECIMEN COLLECTION/CLINICAL DIAGNOSIS

Lab performing test:	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 TREATMENT INFORMATION

Date:	Med: ☐	Dosage: ☐	Duration: ☐
Date:	Med:	Dosage:	Duration:

CONTACT INTERVIEW

Interviewer:	Date:	Interviewing Agency:

CONTACT INFORMATION If necessary, include additional sheets with patient and contact's name(s).

Please # each additional contact and collect COMPLETE locating information. Fill in text fields and required Disposition Code for each disease.

Local Contact Name (use supplemental/OOJ form as needed).	Sex M/F	Date of Last Exposure	Test Date	Date of Tx or Previous Tx	*Disposition Code
1.					
2.					

PATIENT RISK ASSESSMENT INFORMATION Mark applicable answers and complete patient exposure information within past 12 months.

# 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		

***DISPOSITION CODES**

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 information to begin investigation
H. Unable to locate
J. Located, refused examination
K. Out of jurisdiction

Comment Section:

Local Health Department Reviewer:____________________ ☐New Case ☐ OOJ on _______to_______________ ☐Update of prior report ☐ Final/Completed report	☐Called: ___/___/___ by_____ ; ___/___/___ by_____; ___/___/___ by_____ ☐ VM ☐ spoke ☐Texted: ___/___/___ by_____; ___/___/___by_____; ___/___/___ by_____ ☐FB msg (☐ responded) ☐Letter mailed on ___/___/___ by_____ (☐ responded)