STD CASE RECORD FORM

Patient ID

Condition(s) 1 ___ 2 ___

ReInfection? If yes, # — 1: Y N U ___ 2: Y N U ___

Case ID 1 ___ 2 ___

Interview Record ID

Name

Last Name — First Name — Middle Name

Preferred Name / AKA — Maiden Name

Demographics

/ / Date of Birth — Age — Hispanic/Latino: Y N U R

Sex at Birth: M F

Race: AI/AN A B NH/PI W U R

Marital Status: S M Sep D W C U R

Address

Residence Street — (Apt. #) — City

State — Zip — County — District — Country

Phone/Contact

Home Phone

Work Phone

Cellular Phone

Emergency Contact

E-Mail Address(es)

PATIENT TAB ⇩

Reporting Information

Investigation Start Investigation Date:	Diagnosis Date:	Diagnosis Reported to CDC: 200-CT 300-GC
Date of Report:	Reporting County:	PID: N U Y
Earliest Date Report to County:	Confirmation Method: Laboratory confirmed	
Earliest Date Report to State:	Confirmation Date:	
Was patient hospitalized?: N U Y	Case Status:	

CASE INFO TAB ⇩

Case Management

Patient Eligible for Notification of Exposure:	Disposition:	Date Assigned:
Investigator:	Disposition Date:	Patient Interview Status:
Date Assigned:	Dispositioned by:	Date Closed:
Exam Dt:	Supervisor:	Closed by:
	Interviewer:	

Pregnancy

Pregnant at Exam? Y N U R ___ # Weeks — Pregnant at Interview? Y N U R ___ # Weeks — Currently in Prenatal Care? Y N U R — Pregnant in Last 12 Mos? Y N U R

CASE MANAGEMENT TAB ⇩

RISK FACTORS

Was behavioral risks assessed? ___

1 Client completed a behavioral risk profile.
66 Client was not asked about behavioral risk factors
5 Client was asked but no behavioral risks were identified
77 Client declined to discuss behavioral risk factors

Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex) **O**-Yes, Oral Sex Only **U**-Unspecified Type of Sex
N-No **R**-Refused to Answer **D**-Did Not Ask

Within the past 12 months has the patient:

1. Had sex with a male? ☐
2. Had sex with a female? ☐
3. Had sex with a transgender person? ☐
4. Had sex with an anonymous partner? ☐
5. Had sex without using a condom? ☐
6. Had sex while intoxicated and/or high on drugs? ☐
7. Exchanged drugs/money for sex? ☐
8. **[Females only]** Had sex with a person who is known to her to be an MSM? ☐
9. Had sex with a person known to him/her to be an IDU? ☐

CORE INFO TAB ⇩

Y- Yes **N**-No **R**-Refused to Answer **D**-Did Not Ask

Within the past 12 months has the patient:

	Y/N/R/D
10. Been incarcerated?	☐
11. Engaged in injection drug use?	☐
12. Shared injection drug equipment?	☐

13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)

☐	None	☐	Methamphetamines
☐	Crack	☐	Nitrates/Poppers
☐	Cocaine	☐	Erectile dysfunction medications (e.g., Viagra)
☐	Heroin	☐	Other, specify: ____________________

Social History

Places Met Partners		Places Had Sex	
Type	Name	Type	Name
☐	____________________	☐	____________________
☐	____________________	☐	____________________
☐	____________________	☐	____________________
☐	Unknown	☐	Unknown
☐	Refused to answer	☐	Refused to answer

Interview Period Partners

Partners Past Year	Y	N	#	Transgender Unknown	Refused	
Female				U	R	1
Male				U	R	

Partners in Ix Period	Y	N	#	Transgender Unknown	Refused	
Female				U	R	2
Male				U	R	

CORE INFO TAB ⇩

Partner Internet Information

Were any of the sex partners met through the internet within the last 12 months? ☐ Yes ☐ No ☐ Refused to answer ☐ Did not ask

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result
/ /			☐	P N I U
/ /			☐	P N I U
/ /			☐	P N I U

SYPHILIS ONLY

STD History

Previous STD History? N Refused to Answer Y Unknown

900 Partner Services Information-HIV Testing

Refer for Test:	900 Test:
Referral Date:	900 Result:

STD Treatment

Treatment Date	Provider	Drug and Dosage
/ /		Azithromycin 1 gm X 1
/ /		Ceftriaxone 250mg X 1

Treatment Comments: ____________________ **Provider Choice:** ____________________

MANAGE ASSOCIATIONS ⇩

CONTACT RECORDS TAB-ADD INTERVIEW AND ADD NEW CONTACT RECORD

Add New Interview

Date of Interview:			
Interview Type:	Initial/Original		
Interview Location:	Clinic	Field	Telephone
Were contacts named at this interview:	N	Y	

Partner/Contact Information

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				

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