

# Instructions for STD Case Reporting

## Patient Information

- Use the complete address (including city) for the patient. Morbidity is assigned to the county in which the patient currently resides. Please be sure to contact provider before contacting patient to see what follow-up has already been completed.
- If out of state, please indicate state.
- Complete the demographics; age, sex, and race.

## Specimen Collection/Diagnosis

### Record the following:

- Date specimen collected: the date the specimen was collected by provider.
- Date of positive lab report and laboratory used: This is the date the laboratory report was received or called to your facility by laboratory used.
- Diagnosing Agency: Specify the name of agency that diagnosed the patient.
  - PMD - Private Medical Doctor (list the physician's name).
  - Public - any public health facility, including county health departments, family planning clinics, STD clinics.
  - IHS - Indian Health Service (specify which unit).
  - Other - all other reporting agencies: military, state institutions, Job Corps, student health agencies.
- Test type: Record what testing type was used. (NAAT, Probe, DNA)
- Patient diagnosis: List infecting agent(s) from below and specify site: pharyngeal, rectal, urethral, cervical, etc.
  - Gonorrhea
  - Gonococcal PID
  - Chlamydia
  - Chlamydial PID
- Fill out completely the provider's name, address, and phone number.

## Treatment Information

- List date treated, medication, dose, and duration of therapy.
- Interviewer Information:

- List name of the person who interviewed the patient and the date of the interview.
- List the name of the interviewing agency.
- Contact information:
  - List name of each contact and the date of last exposure. Provide the date the contact was examined and/or treated. Provide location information in the "comments" section.
  - List the disposition of the contact from the Disposition Codes.

**Disposition Codes:**

- A. Preventive Treatment
- B. Refused Preventive 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-indicate jurisdiction or out of state

**Note: Refer K disposition codes to the DPHHS STD Program**

**Patient Risk Assessment Information-Answer questions**

- |                                 |                              |    |                             |
|---------------------------------|------------------------------|----|-----------------------------|
| Had sex w/male?                 | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/female?               | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/transgender?          | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/anon. partner?        | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/o condom?             | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/known IDU?            | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex while intoxicated/high? | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Exchanged drugs/money for sex?  | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Females-had sex w/known MSM?    | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Had sex w/know IDU?             | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |
| Been incarcerated?              | Yes <input type="checkbox"/> | or | No <input type="checkbox"/> |

## Patient Risk Assessment Information cont'd

- Injection drug use? Yes  or No
- Shared injection equipment? Yes  or No
- Injection/Non-Inject drug usage? (Note drugs: ) Yes  or No
- Was patient tested for HIV? Yes  or No
- Patient's HIV status? Pos  Neg  Unk
- Prior STD history? Yes  or No
- Was patient counseled for HIV? Yes  or No
- Met partners via internet? Yes  or No
- Was patient screened for? Gonorrhea  Syphilis
- Partners referred to agencies offering free/reduced-cost testing? Yes  or No
- Partners referred to agencies offering free/reduced-cost treatment? Yes  or No
- Reason for exam? Symptomatic  Asymptomatic  Contact to STD  Prenatal

## HIV Information

- Indicate if patient was tested for HIV.
- Indicate if patient was counseled for HIV.

## Send copy of case record

### Mail or FAX

DPHHS STD Program  
1400 Broadway, Room C-211  
Helena, MT 59620

**CONFIDENTIAL FAX** (800) 616-7460