

STD CONTACT RECORD □ CT □ GC □ Syphilis

Note for MIDIS Entry: Search for existing contact or add new contact.

Print new contact record form for each additional partner interview

CONTACT INFORMATION TAB

First Name:	Date of Birth:
Middle Name:	Reported Age:
Last Name:	Current Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U
Street Address:	City:
Cell Number:	County:
Other:	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Not Asked <input type="checkbox"/> Unknown	

CONTACT RECORD TAB

Jurisdiction:	
Relationship: <input type="checkbox"/> Other Infected Patient <input type="checkbox"/> This Patient (Refers to original STD case who named this contact)	Date Named:
NOTE: For Interviewer Use ONLY (not required in MIDIS)	
Physical Description:	
Online Screen Name:	
Referral Basis: <input type="checkbox"/> P1 Partner, Sex <input type="checkbox"/> C1, Cohort	Processing Decision
Other Options: <input type="checkbox"/> P2 Partner, Needle-Sharing <input type="checkbox"/> P3 Partner, Both <input type="checkbox"/> S1 Social Contact	<input type="checkbox"/> Deceased <input type="checkbox"/> Insufficient Info <input type="checkbox"/> Field Follow Up <input type="checkbox"/> Other <input type="checkbox"/> Not Program Priority <input type="checkbox"/> Record Search <input type="checkbox"/> Closure <input type="checkbox"/> Risk of Domestic Violence
Last Exposure Date:	
Initiate Follow Up Date:	Date Assigned:
Disposition Date:	Disposition By:

FOLLOW UP INVESTIGATION TAB

Investigation Start Date:	Investigator:
Date Assigned to Investigation:	
Notifiable: <input type="checkbox"/> N, Deceased <input type="checkbox"/> N, Out of Jurisdiction <input type="checkbox"/> N, Domestic Violence <input type="checkbox"/> N, Previous Positive <input type="checkbox"/> Yes <input type="checkbox"/> Other	

Note for MIDIS Entry: Press Submit button to save contact information.

To closeout **Contact Investigation:** 1) Click on the Investigation ID # (on the right); 2) Navigate to the Case Management Tab

CASE MANAGEMENT TAB

Exam Date:	Disposition:
Disposition Date:	Disposition By:
Supervisor:	