MIDIS ID: _____

# DPHHS STD CASE REPORTING FORM

## PATIENT TAB – Demographic Information

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

## CASE INFO TAB – Reporting Information

| | | |
|---|---|---|
| Investigation Start Date: | Diagnosis Date: | Diagnosis Reported to CDC:<br>☐Chlamydia ☐Gonorrhea ☐Syphilis |
| Date of Report: | Confirmation Date: | Neurological Manifestations: Y N U<br>(Syphilis Only) |
| Earliest Date Report to County: | Case Status:<br>☐ Confirmed<br>☐ Probable | PID: Y N U<br>Conjunctivitis: Y N U<br>(Chlamydia Only) |
| Earliest Date Report to State: | Was Patient Hospitalized?<br>☐ Yes ☐ No<br>☐ Unknown | Disseminated: Y N U<br>(Gonorrhea Only) |
| Reporting Source: | Patient Lost to Follow-up: | |

## CASE MANAGEMENT TAB –Case Management

| | | |
|---|---|---|
| Eligible for Notification of Exposure: | Exam Date: | Dispositioned by: |
| Investigator:<br><br>Date Assigned: | Treatment Start Date:<br><br>**Was appropriate treatment administered? ☐ Y ☐ N** | Interviewer:<br><br>Interview Date Assigned:<br>Interview Status: |
| Exam Reason†: | Disposition†: | Date Closed: |
| | Disposition Date: | Closed by: |

†See glossary for valid choices.

GENERAL COMMENTS

MIDIS ID: _____

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

| Is the patient pregnant? ☐Y ☐ N ☐U | **HIV Status** | |
|---|---|---|
| Pregnant at Exam: ☐Y ☐ N ☐U<br><br>Number of Weeks: | ☐Negative<br>☐Prior Positive—Not previously known<br>☐Prior Positive—New STD or Pregnancy<br>☐Prior Positive—Contact to STD/HIV Case | ☐Newly Diagnosed<br>☐Unknown<br>☐Other |

Behavioral Risk Factors

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

Hangouts

| Met sex partners through the Internet? | ☐ Y | ☐ N | If yes, specify: |
|---|---|---|---|
| Other places to meet partners? (optional) | ☐ Y | ☐ N | If yes, specify: |

Partner Information

| **Sex Partners** | **Past Year** | | | **Interview Period** | | |
|---|---|---|---|---|---|---|
| Female | Number: | ☐Unknown | ☐Refused | Number: | ☐Unknown | ☐Refused |
| Male | Number: | ☐Unknown | ☐Refused | Number: | ☐Unknown | ☐Refused |
| Transgender | Number: | ☐Unknown | ☐Refused | Number: | ☐Unknown | ☐Refused |

Target Population: Check all that apply.

| Chlamydia Under 25 ☐ | High Risk Heterosexual ☐ (HRH) | Injecting Drug User ☐ (IDU) | Men who have Sex with Men (MSM) ☐ | None Identified ☐ |
|---|---|---|---|---|

MIDIS ID: _____

SYPHILIS ONLY * Note: Shaded area required for syphilis only.

| Syphilis Test Performed? Y☐ N ☐ | | | |
|---|---|---|---|
| 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: ☐ Y ☐ N | Referral Date: | HIV (900) Test: ☐Y ☐N ☐ Refused ☐ Didn't Ask ☐ Unknown | HIV Test Result: |
|---|---|---|---|

Pre-exposure Prophylaxis for HIV (PrEP)

| Is the client currently on pre-exposure prophylaxis (PrEP)? ☐Y ☐N ☐Unknown | Has the client been referred to a PrEP Provider? ☐Y ☐N ☐Partner Declined ☐Partner on PrEP |
|---|---|

**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? ☐Y ☐N | Provider/ Facility: |
|---|---|
| **Chlamydia**:<br>☐ 1g Azithromycin<br>☐ 100mg Doxycycline BID x _____ days<br>☐ Other: | **Gonorrhea**:<br>☐ 500mg IM Ceftriaxone<br>☐ 800mg Cefixime<br>☐ Other: |
| **Syphilis**: Bicillin 2.4 mg x 1 dose ☐; x 3 doses☐ | Other: |

## CONTACT RECORDS TAB – Interview Record

Add New Interview Button

| Date of Interview: | Interview Type: ☐ Initial/Original ☐Presumptive ☐ Re-Interview |
|---|---|
| Interview Location:<br>☐Clinic ☐Field ☐Internet<br>☐Other ☐Telephone | Name of Interviewer:<br><br>Were contacts named at this interview? ☐ Yes ☐ No |

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

| No. | Partner Name | Gender | Exposure Time | Contact Info |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

MIDIS ID: _____

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

| **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 |