



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Phone # \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Male  Female  Transgender - Male to Female / Female to Male  
 Race/Ethnicity:  White  Black  Asian  Other: \_\_\_\_\_  Unknown  Hispanic  Non-Hispanic  
 Marital Status:  Single  Married  Divorced  Separated  Unknown  Other: \_\_\_\_\_  
 Unemployed  Employed/Employer: \_\_\_\_\_

Exam Date: \_\_\_/\_\_\_/\_\_\_  Screening  Contact to STD  Symptoms/Date of First Symptom \_\_\_/\_\_\_/\_\_\_  
 Discharge  Lower Abdominal Pain  Rash  Bumps  Itching  
 Painful Urination  Abnormal Bleeding  Burning Sensation  Testicular Pain  Genital Warts  
 Other \_\_\_\_\_

**Pregnant**  No  Yes  
 Outcome:  Live/Due Date \_\_\_/\_\_\_/\_\_\_  Termination/Date \_\_\_/\_\_\_/\_\_\_  Miscarriage/Date \_\_\_/\_\_\_/\_\_\_  Unknown  
 Father of the Baby (FOB): \_\_\_\_\_ FOB Phone \_\_\_\_\_  EPT  MDT

**Was HIV test offered at this visit?**  Yes  Yes, but patient declined  No  Unknown  
 Last known HIV test \_\_\_/\_\_\_/\_\_\_  On PrEP  
 \*\*Do NOT report HIV results on this form\*\*  
 2010 NYS Law – Every person between the ages 13-64 should be offered an HIV test

**CHLAMYDIA – MUST BE REPORTED WITHIN 5 DAYS OF POSITIVE LAB REPORT**  
 Test Date: \_\_\_/\_\_\_/\_\_\_  Blood  Cervical  Urine  Rectal  Throat  
 Treatment Date \_\_\_/\_\_\_/\_\_\_ Expedited Partner Therapy  No  Yes Partner Name \_\_\_\_\_  
 Azithromycin (Zithromax) 1gm PO Single Dose **OR**  Doxycycline (Vibramycin) 100mg PO 2x/day x 7 days  Rx given

**GONORRHEA – MUST BE REPORTED WITHIN 24 HOURS OF POSITIVE LAB REPORT**  
 Test Date: \_\_\_/\_\_\_/\_\_\_  Blood  Cervical  Urine  Rectal  Throat  
 Treatment Date: \_\_\_/\_\_\_/\_\_\_  Rx. given  
 Ceftriaxone (Rocephin) 250mg IM Single Dose **AND** Azithromycin (Zithromax) 1gm PO Single Dose (**MUST** be given at the same time)  
 Cefixime 400mg PO Single Dose **AND** Azithromycin (Zithromax) 1gm PO Single Dose (**MUST** have Test of Cure in 1 week)

**SYPHILIS – MUST BE REPORTED WITHIN 24 HOURS OF POSITIVE LAB REPORT**  
**Diagnosis**  Primary - Chancre  Secondary – plantar palmer or bilateral body rash  Early - No sx & new (+) test within a year  
 Benzathine Penicillin 2.4million units IM Single Dose Treatment Date: \_\_\_/\_\_\_/\_\_\_  
 Latent - Benzathine Penicillin 2.4million units IM X 3 Doses Treatment Date: \_\_\_/\_\_\_/\_\_\_  
 Test Date: \_\_\_/\_\_\_/\_\_\_ RPR \_\_\_\_\_  
 RPR Confirmed with  TPPA - Reactive / Non-Reactive  IgG/CIA/EIA – Reactive / Non-Reactive  CSF – Reactive / Non-Reactive  
 Doxycycline (Vibramycin) 100mg PO 2x/day x 28 days (PCN Allergy)  
 Not Treated  Previous hx of tx date: \_\_\_/\_\_\_/\_\_\_

\*\*\*FTA needs confirmation with TPPA or IgG\*\*\*  
 \*\*\* Titer Checks MUST be done to ensure successful treatment \*\*\*

Reporting Physician: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_ Telephone and Fax: \_\_\_\_\_