



STD CASE REPORT

Please Complete All Demographic and Medical Information & fax to STD Surveillance at 202-727-4934

HEALTH PROVIDER INFORMATION
REQUEST DATE:
REPORTING FACILITY TESTING LABORATORY ATTENDING PHYSICIAN
TELEPHONE FAX REPORTING OFFICIAL HEALTH FACILITY ADDRESS

PATIENT DEMOGRAPHIC INFORMATION
LAST NAME FIRST NAME MEDICAL RECORD NUM DATE OF BIRTH (mo/day/yr)
NUMBER AND STREET ADDRESS APT. NUM. CITY STATE ZIP CODE
Tel. () Work/Cell. () Emer. Contact: Tel. ()
GENDER: Male Female TRANSGENDER: M to F F to M RACE: White African. Amer. Asian/Pac. Islander
Amer. Indian Other/Unknown
MARITAL STATUS: Single Married Separated Divorced Widow(er) Other ETHNICITY: Hispanic Non-Hispanic Unknown

PATIENT MEDICAL HISTORY
DATE AND REASON FOR EXAM (Chief Complaint or Type of Visit):
DIAGNOSIS
GONORRHEA CHLAMYDIA HERPES SYPHILIS* OTHER:
*Syphilis Stage: Primary (Lesion) Secondary (Rash) Early Latent (asymptomatic < 1yr)
Late Latent (asymptomatic > 1yr) Late (neurological or other manifestations) Congenital Other:
ANATOMICAL SITE OF INFECTION:
SYMPTOMS (Clinical manifestations, Onset date and Duration)

LABORATORY TEST and TREATMENT INFORMATION - Specify type of screening or diagnostic test
DATE OF TEST TYPE OF LABORATORY TEST RESULT
DATE OF TREATMENT MEDICATION/DRUG DOSAGE

ADDITIONAL COMMENTS:
Is the patient pregnant? Yes # Wks No
Was the patient compliant? Yes No
Was DOH Partner Services discussed with the patient? Yes No
Gender of patient's sex partners: M F Transgender M to F Transgender F to M
Was Chlamydia-expedited partner therapy (EPT) offered? Yes No
Number of prescriptions for Chlamydia treatment given for partners:

INSTRUCTIONS: PLEASE COMPLETE ALL DEMOGRAPHIC AND MEDICAL INFORMATION. STD reporting requirements are listed in the DC Municipality Regulation, Public Health & Medicine. Upon completion, the information contained in this form must be treated in accordance with federal HIPAA and District confidentiality laws. Please submit reports by facsimile transmission to the STD Information Coordination Team at 202-727-4934. Questions regarding reporting criteria and requirements should be addressed to Strategic Information Division Bureau Chief, #202-671-4916. DCSTD Form 050102, rev: 2014_08_28