Department of Public Health
CITY OF PHILADELPHIA
LIFE • LIBERTY • AND YOU™

STD Case Report

Confidential Fax Line: (215) 238-6946

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE	SEX AT BIRTH	CURRENT GENDER	IF FEMALE, PREGNANT?
	☐Male ☐Female	☐Male ☐Female	☐Yes ☐No ☐Unknown

ETHNICITY	**RACE** (Check all that apply)	**GENDER OF SEX PARTNER(S)**	**REASON FOR EXAM** (Check one)	**DATE OF LAST HIV TEST:**
☐Hispanic ☐Non-Hispanic ☐Unknown	☐White ☐Black ☐Asian ☐American Indian/Alaskan Native ☐Native Hawaiian/Other Pacific Islander ☐Other ☐Unknown	☐Male ☐Female ☐Both ☐Unknown	☐Symptomatic ☐Routine exam – no symptoms ☐Exposed to infection	_____ **RESULT:**☐Pos ☐Neg ☐Unk **IS PATIENT ON PrEP?** ☐Yes ☐No ☐Unknown

DIAGNOSIS – Include lab results when sending case report forms

GONORRHEA

Sites (all that apply)
☐Cervix ☐Urethra ☐Urine ☐Rectum
☐Pharynx ☐Vagina ☐Other:_____

DATE TREATED:_____(check all that apply)
☐Ceftriaxone 250mg IM ☐Azithromycin 1g ☐Cefixime 400 mg PO ☐Azithromycin 2g
☐Doxycycline 100mg BIDx7 ☐Gentamicin 240mg IM ☐Gemifloxacin 320mg PO
☐Other:_____
WAS THE PATIENT GIVEN MEDICATION/PRESCRIPTION FOR THEIR PARTNER(S)?☐Yes ☐No ☐Unk

CHLAMYDIA

Sites (all that apply)
☐Cervix ☐Urethra ☐Urine ☐Rectum
☐Pharynx ☐Vagina ☐Other:_____

DATE TREATED:_____(check all that apply)
☐Azithromycin 1g ☐Azithromycin 2g ☐Doxycycline 100mg BIDx7
☐Other:_____
WAS THE PATIENT GIVEN MEDICATION/PRESCRIPTION FOR THEIR PARTNER(S)?☐Yes ☐No ☐Unk

SYPHILIS

☐Primary (chancre) ☐Secondary (rash, etc.)
☐Early latent (<1 year duration but no symptoms)
☐Late latent (>1 year duration but no symptoms)
☐Unknown duration ☐Congenital
Neurosyphilis: ☐Yes ☐No

DATE TREATED: _____(check all that apply)
☐Bicillin 2.4mu IMx1 ☐Bicillin 2.4mu IMx3wks ☐Other:_____
DATE OF LAST RPR:_____ _____ **RESULT**:☐Pos ☐Neg ☐Unk
DESCRIBE SYMPTOMS, IF NOTED:_____

OTHER*

☐Chancroid ☐Lymphogranuloma Venereum *Call 215-685-6737 to discuss further

REPORTING CLINIC INFORMATION

PERSON COMPLETING FORM	DATE

FACILITY NAME	TELEPHONE

ADDRESS	ZIP CODE

Thank you for reporting a STD. All information will be managed with the strictest confidentiality.

Updated 01/16