

SEXUALLY TRANSMITTED INFECTION CONFIDENTIAL CASE RECORD

Patient Information

Name:		DOB:	
Address:		Phone(s):	
City and County:		Zip:	
Age:	Sex: M F	Race: White Black A. Indian/Alaskan Asian Hispanic unknown	

Specimen Collection/Clinical Diagnosis

Diagnosis:		PID?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Date specimen collected:	Date Lab Report Rec'd:	Date Reported To Health Dept.:	
Name of Lab Performing Test:		Reported by:	
Health Care Provider:	Phone:	Clinic:	
For More Info, Contact:		City:	

Patient Treatment Information

Date:	Med: Azithromycin 1gm p.o. x 1		
Date:	Med:	Dose:	Duration:

Interview Information: Indicate Who Interviewed Patient

Interviewer:	Date:	Interviewing Agency:
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Contact Information—List Sexual Contacts & Treatment Information

Name of Contact	Sex	Date of last exposure	Test date	Date of treatment	Disposition*
					Health Department use only
					Health Department use only
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Comments: _____

Was Patient Counseled About HIV Risk? yes no Was patient tested for HIV? yes no

* Disposition Codes:

- | | | |
|------------------------------------|---|----------------------------------|
| A - Preventive Treatment | E - Previously Treated for This Infection | J - Located, Refused Examination |
| B - Refused Preventive Treatment | F - Not Infected | K - Out Of Jurisdiction |
| C - Infected, Brought to Treatment | G - Insufficient Information to Begin Investigation | L - Other |
| D - Infected, Not Treated | H - Unable To Locate | |

Note: If contact was not tested, but was treated or if treated prior to negative test result, use OX disposition

FAX TO: Brigid O'Connor, RN or Colleen Morris, RN
Missoula City-County Health Dept.

Local Health Dept. Reviewer: _____

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