

PATIENT DEMOGRAPHIC DATA

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____
 STREET ADDRESS: _____ TOWN/CITY: _____ STATE: _____ ZIP CODE: _____
 DATE OF BIRTH: _____ PHONE (Home/Cell): _____ (Work): _____
 SEX ASSIGNED AT BIRTH: Male Female CURRENT GENDER IDENTITY: M F Trans/MTF Trans/FTM Other _____
 RACE (Check all that apply): White Black Native American Asian Native Hawaiian/Pacific Islander Other Unknown
 ETHNICITY: Hispanic Non-Hispanic Unknown MARITAL STATUS: Single Married Partnered Unknown

DISEASE DATA

CHECK REPORTABLE DISEASES:

SYPHILIS
 PRIMARY
 SECONDARY
 Early Non-Primary/Non-Secondary
 Late Latent or Unknown
 Neuro Involvement Yes No
 Optic Involvement Yes No
 Otic Involvement Yes No

GONORRHEA
 Uncomplicated Asymptomatic
 Uncomplicated Symptomatic
 SALPINGITIS
 EPIDIDYMITIS

CHLAMYDIA
 PID YES NO
 CHANCROID
 Other Untreated STD _____

SYMPTOMS: _____ SYMPTOM onset (Date): _____

MEDICAL INFORMATION

NAME OF FACILITY: _____ REPORTED BY: _____ PHONE: _____ FAX: _____
 ADDRESS: _____ TOWN/ CITY: _____ STATE: _____ ZIP: _____

DATE OF COLLECTION/TEST	DIAGNOSTIC TEST	RESULTS	SPECIMEN SOURCE	LABORATORY NAME

TREATMENT INFORMATION

DATE OF TREATMENT	TREATMENT/DRUG	DOSE	NAME AND TITLE OF CLINICIAN

PREGNANCY STATUS YES NO WAS PrEP OFFERED? YES NO WAS PrEP PRESCRIBED? YES NO
 ESTIMATED DUE DATE: _____
 WAS (EXPEDITED PARTNER THERAPY) PROVIDED FOR YOUR SEXUAL PARTNER(S)? YES NO
 IF EPT WAS PROVIDED HOW MANY DOSES WERE GIVEN? _____
 PHYSICIANS COMMENTS: _____

FOR MORE INFORMATION ON EXPEDITED PARTNER THERAPY IN NEW MEXICO PLEASE GO TO <http://nmhealth.org/IDB/ept.shtml> OR CALL (505) 476-3611 FOR ADDITIONAL INFORMATION

New Mexico Revised Statutes 12-3-5, 1, Health Department Regulations Art. 1, 24-1-7 and New Mexico Administrative Code 7.4.3.13 require that patients with laboratory confirmed chlamydia, syphilis and gonorrhea be reported to the New Mexico Department of Health (NMDOH) STD Program within 24 hours.

PLEASE FAX COMPLETED FORM TO:
505-476-3638

FOR CONSULTATION CALL: (505) 476-3636 or (505) 476-3611

This form is available electronically at: <http://nmhealth.org/about/phd/idb/std/>