CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

PUBLIC HEALTH
Prevent. Promote. Protect.
COMMUNICABLE DISEASE SECTION
LANE COUNTY OREGON

Lane County Public Health
151 W 7th Avenue
Room 310
Eugene, OR 97401
(541) 682-4041
(541) 682-2455 (Fax)

First Name:	**Middle Name:**	**Last Name:**

Address:		
City:	**State:**	**Zip:**

Phone Number:	**Alternate Phone Number:**	**Email Address:**

DOB:

Gender: ☐ F ☐ M ☐ O

Reason for Exam: ☐ Symptomatic ☐ Routine Exam ☐ Exposed to Infection ☐ Pregnant

Pregnant: Yes: ☐ ____ **# of Weeks** No: ☐

Sexually Transmitted Disease:

☐ Chlamydia

☐ Gonorrhea

Name of Lab:_____

Date Tested:_____

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Other:_____ ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Presentation:
☐ Asymptomatic
☐ Symptomatic
☐ PID
☐ Ophthalmia
☐ Other Complications
_____

Site(s):
☐ Cervix ☐ Ocular
☐ Pharynx ☐ Rectum
☐ Urethra ☐ Urine
☐ Vagina
☐ Other _____

TX/RX Date: _____

GC Treatment:

☐ Ceftriaxone 250 mg IM in a single dose
Plus
☐ Azithromycin 1 g PO in a single dose

CT Treatment:

☐ Azithromycin 1 g PO in a single dose
Or
☐ Doxycycline 100 mg PO 2x/day for 7 days

Alternative Treatment:

☐ Other _____

Sexual Partner Information:

Name: _____

Address: _____

Phone: _____

DOB: _____ **Sex:** _____

Race: _____

Date Tested: _____ **Test Results:** _____

☐ No partner information elicited

Partner Referred to Health Department for Tx:
☐ Yes ☐ No

Expedited Partner Tx: ☐ Yes ☐ No

Count: _____

Partner Medication Prescribed:
_____

Date of Partner Treatment: _____

Provider Name:	**Provider Phone:**

Is the patient aware that they may be contacted? ☐ Yes ☐ No

ONE DAY CRITERIA FOR REPORTING: Specified in OAR 333-018, each Case or Suspected Case is reported to the local health department within one day.

This form can be downloaded from: http://www.lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4244603