Fergus County Health Department

Sexually Transmitted Disease Report Form

P: (406) 535-8811 ● F: (406) 535-9590

Patient Demographic Information—*Required Information ● Fax Form to: (406) 535-9590

*Name (Last, First, Middle):			Alias/Maiden Name:	
*Date of Birth:	*Age:	*Sex: M ☐ F ☐ Other:	*Hispanic/Latino: Y ☐ N ☐ Refused ☐	
*Race: American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Refused ☐				
*Address: (Street)	(City)	(State)	(Zip)	(County)
*Phone: Cell	Home		Work	

Provider Information

*Provider Name:		*Provider Clinic Name:		
*Provider Phone:		*Clinic Location:		
*Address: (Street)	(City)	(State)	(Zip)	(County)
*Interviewer if different than Provider:				

Specimen Collection & Diagnosis

*Date Specimen Collected:	*Laboratory Used:	Collection Site:
*Date Positive Lab Report Resulted:	*Test Type (NAAT/Probe/DNA):	
*Diagnosis:	*Pregnant: Y ☐ N ☐ If yes, how many weeks:	
*PID: Y ☐ N ☐	Conjunctivitis: Y ☐ N ☐	
*Hospitalized: Y ☐ N ☐ If yes, where:		Admit Date:

*Interview Questions	Y	N	Refused	Not Asked	#
Had sex with a male in the last 12 months?					
Had sex with a male in the last 2 months?					
Had sex with a female in the last 12 months?					
Had sex with a female in the last 2 months?					
Female: Sex with a known MSM?					
Had sex with a transgender in the last 12 months?					
Had sex with a transgender in the last 2 months?					
Had sex with an anonymous partner?					
Met any sex partners through the internet?					
If so, which site?					
Had sex without using a condom?					
Had sex while intoxicated or high?					
Exchanged drugs or money for sex?					
Been incarcerated?					
Had sex with a person who is a known IDU?					
Engaged in injection drug use?					
Shared injection equipment?					
Use of non-injected drugs?					
If so, which drugs?					
Had a previous STD?					
If so, what STD(s)?					

***Required for all Cases**

Exam Reason: Symptomatic ☐ Prenatal ☐
Asymptomatic ☐ Delivery ☐ Exposure to STD ☐
<26 Screening ☐ Unknown ☐

Treatment medication, does & duration:

Treatment Date: HIV Status: + ☐ - ☐ Unknown ☐

Referred for Test: Y ☐ N ☐ HIV Test Performed: Y ☐ N ☐

HIV Test Date:

Syphilis Only:
Test Performed: Y ☐ N ☐ Test Date:

Type of Nontreponemal Serologic Test: RPR ☐ VDRL-CSF ☐
VDRL-Sero ☐ Unknown ☐

Quantitative Result:

Type of Treponemal Serologic Test: CIA ☐ EIA ☐ TP-PA ☐
Other ☐

Qualitative Result:

The more information obtained at the time of diagnosis, the quicker spread of disease can be halted.

Partner/Contact Information:		
Name (Last, First, Middle):	Last Exposure:	DOB/Age:
Sex: M ☐ F ☐ Other:	Phone:	
Address: (Street) (City)	(State) (Zip)	(County)
Email:	Social Media:	
Additional Location Info (work/school/hangouts):		
Exam Date if Applicable:	Test Date if Indicated:	Treatment Date if Indicated:
**Disposition Code:	Treatment if Indicated:	

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Name (Last, First, Middle):	Last Exposure:	DOB/Age:
Sex: M ☐ F ☐ Other:	Phone:	
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Exam Date if Applicable:	Test Date if Indicated:	Treatment Date if Indicated:
**Disposition Code:	Treatment if Indicated:	

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Sex: M ☐ F ☐ Other:	Phone:	
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Email:	Social Media:	
Additional Location Info (work/school/hangouts):		
Exam Date if Applicable:	Test Date if Indicated:	Treatment Date if Indicated:
**Disposition Code:	Treatment if Indicated:	

Partner/Contact Information:		
Name (Last, First, Middle):	Last Exposure:	DOB/Age:
Sex: M ☐ F ☐ Other:	Phone:	
Address: (Street) (City)	(State) (Zip)	(County)
Email:	Social Media:	
Additional Location Info (work/school/hangouts):		
Exam Date if Applicable:	Test Date if Indicated:	Treatment Date if Indicated:
**Disposition Code:	Treatment if Indicated:	

**Disposition Codes: A) Preventive treatment, B) Refused preventive treatment, C) Infected & brought to treatment, D) Infected & not treated, E) Previously treated for this infection, F) Not infected, G) Insufficient information to begin investigation H) Unable to locate, K) Out of jurisdiction, Z) Previous preventative treatment

Local Staff Only: