


**CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT**  
**Report STDs within three work days (WAC 246-101-101/301)**

PATIENT INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF BIRTH MO   DAY   YR
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE ( )		EMAIL		ENGLISH SPEAKING? <input type="checkbox"/> Yes <input type="checkbox"/> No (Lang. _____)	DIAGNOSIS DATE MO   DAY   YR
SEX ASSIGNED AT BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Refused		GENDER IDENTITY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Other: _____		ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	RACE (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown
CURRENTLY PREGNANT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	REASON FOR EXAM (check one) <input type="checkbox"/> Exposed to Infection <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam (No Symptoms)	GENDER OF SEX PARTNERS (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary / Genderqueer <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Other <input type="checkbox"/> Unknown		HIV STATUS *Submit HIV/AIDS Case Report <input type="checkbox"/> Previous positive <input type="checkbox"/> New HIV diagnosis at this visit* <input type="checkbox"/> Negative HIV test at this visit <input type="checkbox"/> Did not test (unknown status)	CURRENTLY ON PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
DIAGNOSIS - DISEASE					
GONORRHEA (lab confirmed)			SYPHILIS		
DIAGNOSIS (check one) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Other Complications: _____		SITES (all that apply): <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		TREATMENT (check all prescribed): <input type="checkbox"/> Ceftriaxone: <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 1 g <input type="checkbox"/> Cefixime: <input type="checkbox"/> 400 mg <input type="checkbox"/> 800 mg <input type="checkbox"/> Azithromycin: <input type="checkbox"/> 1 g <input type="checkbox"/> 2 g <input type="checkbox"/> Doxycycline: <input type="checkbox"/> 100 mg BID x 7 days <input type="checkbox"/> Gentamicin: <input type="checkbox"/> 240 mg <input type="checkbox"/> Gemifloxacin: <input type="checkbox"/> 320 mg <input type="checkbox"/> Other: _____	
Date Tested: _____		Date Prescribed: _____		STAGE (check one): <input type="checkbox"/> Primary (Chancere, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early Latent (< 1 year) <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Congenital	
CHLAMYDIA (lab confirmed)			MANIFESTATIONS (check all that apply): <input type="checkbox"/> Neurologic <input type="checkbox"/> Otic <input type="checkbox"/> Ocular <input type="checkbox"/> Tertiary		
DIAGNOSIS (check one) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other Complications: _____		SITES (all that apply): <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		TREATMENT (check one): Bicillin L - A: <input type="checkbox"/> 2.4 MU IM x 1 <input type="checkbox"/> 2.4 MU IM x 3 Doxycycline: <input type="checkbox"/> 100 mg BID x 14 days <input type="checkbox"/> 100 mg BID x 28 days Benzathine <input type="checkbox"/> 50,000 units/kg IM x 1 PCN-G: <input type="checkbox"/> 50,000 units/kg IM x 3 Aqueous <input type="checkbox"/> 18-24 MU/day IV Crystalline for 10-14 days Penicillin G: Other: _____	
Date Tested: _____		Date Prescribed: _____		Date Prescribed: _____	
HERPES SIMPLEX		OTHER DISEASES			
DIAGNOSIS <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal		LABORATORY CONFIRMATION <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum	
Date Tested: _____		Date Prescribed: _____			
PARTNER TREATMENT PLAN (check one or more options)					
Providers should manage partner treatment by either treating partners in-person or by prescribing medication for patients to give to their sex partners (see side 2 for additional information).					
<input type="checkbox"/> In-person evaluation - Number of partners treated following medical evaluation: _____			Turn over for Partner Treatment Plan Instructions 		
<input type="checkbox"/> Patient-delivered treatment* - Number of partners for whom provider prescribed or provided expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s): _____ *Patient-delivered treatment is not recommended for men who have sex with men or patients with syphilis					
REPORTING CLINIC INFORMATION					
DATE		FACILITY NAME		DIAGNOSING CLINICIAN	
ADDRESS			CITY	STATE	ZIP
PERSON COMPLETING FORM			TELEPHONE ( )	EMAIL	

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

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## RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON REPORTS\*

### GONORRHEA -- Uncomplicated

Ceftriaxone 500 mg IM as a single dose for persons weighing < 150 kg (300 lbs), or 1 g IM as a single dose for persons weighing > 150 kg (300 lbs)<sup>†</sup>

#### Alternatives for uncomplicated infections of the cervix, urethra, or rectum:<sup>‡</sup>

Gentamicin 240 mg IM as a single dose PLUS azithromycin 2 g PO as a single dose **OR**

Cefixime 800 mg orally as a single dose<sup>†</sup>

<sup>†</sup> *If treating with ceftriaxone or cefixime, and chlamydia infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg PO BID for 7 days. During pregnancy, azithromycin 1 g PO as a single dose is recommended to treat chlamydia.*

<sup>‡</sup> *Ceftriaxone is the only recommended treatment for pharyngeal gonorrhea. Consult an infectious disease provider or other STD expert for assistance if alternative treatment is required.*

### CHLAMYDIA -- Uncomplicated

Doxycycline 100 mg PO BID for 7 days **OR**

Azithromycin 1g PO as a single dose

#### Alternatives:

Erythromycin (base) 500 mg PO QID for 7 days **OR**

Ethylsuccinate 800 mg PO QID for 7 days **OR**

Ofloxacin 300 mg PO BID for 7 days **OR**

Levofloxacin 500 mg PO for 7 days

### SYPHILIS -- PRIMARY, SECONDARY, OR EARLY LATENT (<1 YEAR)

Benzathine penicillin G 2.4 million units IM in a single dose

### SYPHILIS -- LATE OR UNKNOWN DURATION

Benzathine penicillin G 2.4 million units IM for 3 doses at 1 week intervals

\* Refer to "STD Diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC's) website (<https://www.cdc.gov/std/treatment/default.htm>) for further information on treating pregnant patients, infections of the pharynx, patients with allergies, treatment of infants, and other details.