Sexually Transmitted Diseases
Form 2808

N.C. Department of Health and Human Services
Division of Public Health

1. Last Name	First Name	Mi

2. Patient Number ☐☐☐☐☐☐☐☐☐☐__ H 3. Date of Birth ☐☐ ☐☐ ☐☐ (Month / Day / Year)

4. Race
☐ 1. White
☐ 2. Black/African American
☐ 3. American Indian/Alaskan Native
☐ 4. Asian
☐ 5. Native Hawaiian/ Other Pacific Islander
☐ 6. Other _____

Ethnicity: Hispanic Origin?
☐ 1. Yes ☐ 2. No

5. Gender
☐ 1. Male ☐ 2. Female

6. County of Residence ☐☐☐

7. Allergies:

DATE OF VISIT _____

8. Reason(s) for Visit (check all that apply)

☐ Symptoms
- ☐ 1st visit ☐ Persistent

☐ STD screen only: asymptomatic
☐ Follow-up re-test_____
☐ Treatment _____
☐ Contact to _____
☐ Partner with symptoms _____
_____
☐ Referral from _____
+ Test _____

Symptoms			Symptom parameters (if applicable)
Present		Absent	
☐	Itch	☐	Location:
☐	Irritation	☐	Quality:
☐	Pain	☐	Severity:
☐	Discharge	☐	Duration:
☐	Dysuria	☐	Associated signs/ symptoms:
☐	Ulcer/lesion	☐	
☐	Rash	☐	

9. Prior STD Treatment
☐ None
☐ Syphilis
- Date: ____ /____ /_____
- Location: _____
- Titer: _____

☐ Gonorrhea _____
☐ Chlamydia _____
☐ NGU _____
☐ MPC _____
☐ Trichomonas _____
☐ PID _____
HSV1/HSV2 ☐ oral ☐ genital
☐ Genital Warts _____
☐ Hep B _____
☐ Other _____

Hep B Vaccine		**Twinrix Vaccine**	
☐ No	☐ Yes	☐ No	☐ Yes
# injections			
last injection date			
Td/Tdap		☐ No	☐ Yes
# injections			
last injection date			
HPV Vaccine		☐No	☐Yes
# injections			
last injection date			
Prior HIV Test		☐ No	☐ Yes
date last test			
☐ Pos	☐ Neg	☐ Unknown	

10. Sexual Risk Assessment

Sexual partners past 60 days:
#male _____ #female _____

Sites of exposure (last 60 days):
☐ Mouth ☐ Penis
☐ Vagina ☐ Anus

Have you ever:
☐ Had sex with partner of the same sex
☐ Had sex with a bisexual male
☐ Had sex for drugs or money
☐ Had sex with intravenous drug user
☐ Had sex with HIV(+) partner
☐ Paid for sex
☐ Shared needles

Date of last sexual encounter:
_____

In last 2 weeks:
sexual encounters _____
with condom use _____

Do you currently use:
Alcohol ☐ No ☐ Yes
Frequency _____
Injectable drugs ☐ No ☐ Yes
Last injection _____
Non-injectable drugs ☐ No ☐ Yes
_____
_____

11. For Women

LMP: ____ /____ /_____
☐ Normal ☐ Abnormal

Last Pap: ____ /____ /_____
☐ Normal ☐ Abnormal

Douche: ☐ No ☐ Yes
Frequency _____
Last _____

Contraception:
☐ None
☐ ECP
☐ OCP
☐ Injectable
- Last given _____

☐ Implant
☐ Diaphragm
☐ IUD
☐ Tubal ligation
☐ Condoms
☐ Hysterectomy
☐ Other _____

12. Other Pertinent History

Antibiotics: (last 2 weeks)
☐ None ☐ Yes

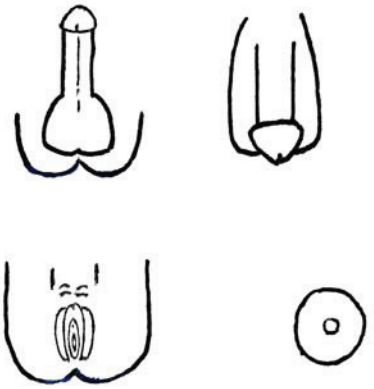
Other present medication(s):
☐ None ☐ Yes

13. Comments

ATTACH PATIENT LABEL HERE

14. Physical Examination

☐ **Oropharynx:** no lesions; no erythema; no tonsillar exudate ☐ abnl:	☐ **Penis:** no lesions; no discharge ☐ abnl: Circumcised: ☐ yes ☐ no
☐ **Scalp, brows, lashes:** no nits; no hair loss ☐ abnl:	☐ **Scrotum:** no tenderness; no nodules ☐ abnl:
☐ **Cervical/supraclavicular/axillary/ epitrochlear nodes:** no adenopathy ☐ abnl:	☐ **Vulva:** no lesions/rashes; no lice/nits ☐ abnl:
☐ **Skin:** clear; no lesions/rashes ☐ abnl:	☐ **Vagina:** no lesions; no erythema; no discharge ☐ abnl:
☐ **Abdomen:** no tenderness to palpation; no rebound tenderness ☐ abnl:	☐ **Cervix:** no lesions; no erythema; no discharge; no CMT ☐ abnl:
☐ **Inguinal nodes:** no adenopathy ☐ abnl:	☐ **Uterus:** no enlargement; no tenderness ☐ abnl:
☐ **Pubic area:** no lesions/rashes; no lice/nits ☐ abnl:	☐ **Rectum:** no lesions ☐ abnl:



Description of discharge (if present):

Amount: ☐ small ☐ moderate ☐ large pH: ☐ ≥4.5 ☐ <4.5 Odor (with or without KOH): ☐ yes ☐ no	Quality: ☐ clear ☐ white/gray ☐ bloody ☐ purulent ☐ mucopurulent

Optional: Temp: _____ BP: _____

*Further Description of Findings:

15. Laboratory

☐ Gonorrhea test: ☐ NAAT ☐ culture
☐ Cervical ☐ Urethral ☐ Urine
☐ Rectal ☐ Pharyngeal ☐ Vaginal
☐ Urethral gram stain:
☐ No GNID found ☐ ≥ 5 white cells, no GND
☐ GNID found ☐ Extracellular GND only
☐ Herpes test: ☐ culture ☐ serology
☐ HIV
☐ Chlamydia test: ☐ NAAT ☐ other
☐ Cervical ☐ Urethral ☐ Urine
☐ Rectal ☐ Pharyngeal ☐ Vaginal
☐ Syphilis serology
☐ Stat RPR: ☐ reactive ☐ non-reactive
☐ Darkfield: ☐ found ☐ not found
☐ Wet prep: ☐ clue cells ☐ yeast
☐ trich ☐ WBCs _____
☐ Pap smear: ☐ HPV
☐ Pregnancy test: ☐ positive ☐ negative
☐ HCV
☐ Other _____

16. Clincal Impressions

☐ Bacterial vaginosis
☐ Candidal infection
☐ Cervicitis/MPC
☐ Chlamydia
☐ Epididymitis
☐ Gonorrhea
☐ Herpes - 1st episode or recurrent
☐ HIV
☐ HPV/Genital warts
☐ NGU
☐ Pediculosis pubis
☐ PID
☐ Scabies
☐ Syphilis: ☐ Unknown duration
☐ Primary ☐ Early latent
☐ Secondary ☐ Late latent
☐ Tinea cruris
☐ Trichomoniasis
☐ Contact to: _____
☐ Other: _____
☐ Other: _____

17. Therapy

Pregnant: ☐ Yes ☐ No
Breastfeeding: ☐ Yes ☐ No
☐ Amoxicillin 500 mg TID x 7 days
☐ Azithromycin 1 gm PO stat x 1
☐ Azithromycin 2 gm PO stat x 1
☐ Benzathine penicillin G 2.4 MU IM
☐ bilateral gluteals
☐ other site _____
☐ Ceftriaxone 250 mg IM stat x 1
☐ Doxycycline 100 mg PO BID x _____ days
☐ Metronidazole 250 mg PO TID x 7 days
☐ Metronidazole 500 mg PO BID x 7 days
☐ Metronidazole 2 gm PO stat x 1
☐ Acyclovir/Valacyclovir/Famciclovir
_____
☐ Lindane 1% lotion/shampoo
☐ Cryotherapy
☐ TCA/Podophyllin
☐ OTC fungal/yeast treatment
☐ Other _____
_____

18. Instructions/Counseling

☐ Medication side effects
☐ Abstain from sex for 1 week
☐ No ETOH for _____ days
☐ Use condoms for risk reduction
☐ HIV control measures
☐ RTC if symptoms increase/persist
☐ TSE monthly
☐ Pamphlets given
☐ Partner notification: ☐ Cards given
☐ Expedited partner therapy (EPT)

Follow-up:
☐ Clinic will call with results
☐ Patient will call for results
☐ Clinic will call with results only if a result is abnormal

Other follow-up instructions:
☐ RTC:
☐ Referrals:
☐ Other:

Notes:

Primary Provider Signature _____
☐ Enhanced Role RN ☐ NP ☐ PA ☐ MD

Co-signature (if applicable) _____

Time Enhanced Role RN spent with patient: _____ min.=_____ units