



Reporting Form for Chlamydia and Gonorrhea

Washington County Public Health - Disease Control and Prevention

Fax: 503-846-3644 | Office: 503-846-2972 | Confidential email: hhspublichealth_dcap@washingtonty.or.gov

Date: _____		Person Completing Form: _____	
Health Provider: _____		Contact Phone/Fax: _____	
COMPLETE WITHIN 2 BUSINESS DAYS: Fax to Public Health at 503-846-3644 or email to address above			
Patient Information — Please complete all information requested below			
Name: _____		Date of Birth: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary <input type="checkbox"/> Female to Male <input type="checkbox"/> Male to Female <input type="checkbox"/> Other _____			
Address: _____		City/State: _____	Zip: _____
Phone: _____		Alternate Phone: _____	
Pregnancy test results: <input type="checkbox"/> NA <input type="checkbox"/> Negative <input type="checkbox"/> Positive If positive, how many weeks? _____			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic		Gender of sex partners: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
<input type="checkbox"/> Gonorrhea positive result: Test Date: _____		<input type="checkbox"/> Chlamydia positive result: Test date: _____	
HIV testing: <input type="checkbox"/> No <input type="checkbox"/> Yes – Test date: _____ Result: _____			
Syphilis Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes – Test date: _____ Result: _____			
Reason for exam: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam <input type="checkbox"/> Test for cure <input type="checkbox"/> Contact <input type="checkbox"/> Pregnant		Diagnosis: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease (PID) <input type="checkbox"/> Ophthalmia /conjunctivitis <input type="checkbox"/> Disseminated	
		Site of positive test: <input type="checkbox"/> Cervix <input type="checkbox"/> Ocular <input type="checkbox"/> Vaginal <input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Rectum <input type="checkbox"/> Other	
Gonorrhea treatment date: _____		Chlamydia treatment date: _____	
<input type="checkbox"/> Rocephin/Ceftriaxone 500mg IM x 1. Weight <330 lbs. OR <input type="checkbox"/> Rocephin/Ceftriaxone 1gm IM x 1. Weight >330 lbs. ADD: (If Chlamydia has not been ruled out) <input type="checkbox"/> Doxycycline 100mg PO 2 times dailyx7 days		<input type="checkbox"/> Doxycycline 100mg BID x 7 days. <i>(contraindicated during pregnancy)</i>	
Alternative Treatment Regimens if ceftriaxone not available		Alternative Treatment Regimens (Pregnancy)	
<input type="checkbox"/> Cefixime 800mg orally in a single dose PLUS <input type="checkbox"/> Azithromycin 2 gm orally in a single dose		<input type="checkbox"/> Azithromycin 1gm orally in a single dose OR <input type="checkbox"/> Levofloxacin	
If not treated yet – Client notified of infection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the provider need assistance in contacting a client that has not responded for treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes:			
<input type="checkbox"/> Expedited partner therapy dispensed at time of visit – How many partners: _____			
When resources allow, the health department will be contacting rectal gonorrhea cases and high-risk chlamydia cases to offer partner services. Please notify client a public health worker may be contacting them to offer partner services.			
<input type="checkbox"/> PROVIDER REQUESTS CLIENT NOT BE CONTACTED BY PUBLIC HEALTH - Provider will assure Partner treatment			