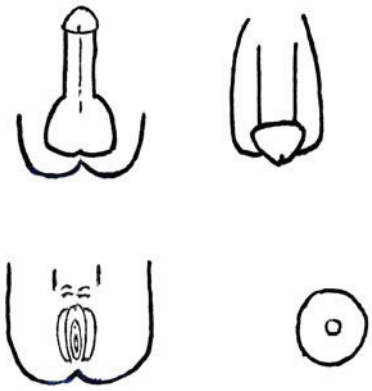


ATTACH PATIENT LABEL HERE



14. Physical Examination

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

Description of discharge (if present):

Amount: <input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large	Quality: <input type="checkbox"/> clear <input type="checkbox"/> white/gray <input type="checkbox"/> bloody <input type="checkbox"/> purulent <input type="checkbox"/> mucopurulent
pH: <input type="checkbox"/> ≥4.5 <input type="checkbox"/> <4.5	
Odor (with or without KOH): <input type="checkbox"/> yes <input type="checkbox"/> no	

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. Clinical 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

<input type="checkbox"/> Medication side effects	<input type="checkbox"/> RTC if symptoms increase/persist
<input type="checkbox"/> Abstain from sex for 1 week	<input type="checkbox"/> TSE monthly
<input type="checkbox"/> No ETOH for _____ days	<input type="checkbox"/> Pamphlets given
<input type="checkbox"/> Use condoms for risk reduction	<input type="checkbox"/> Partner notification: <input type="checkbox"/> Cards given
<input type="checkbox"/> HIV control measures	<input type="checkbox"/> 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