Sexually Transmitted Infections					N.C. Department of Health and Human Services				
					Division of Public Health updated October 2021				
1.Last Name			First Name			MI	·		
2. Patient ID:						3. Date of Birth:			
4. Race:	U White		□ Asian				n / Other Pacific Islander		
Black / African American     American Indian / Alaskan Native						□ Other			
Ethnicity:	Ethnicity: Hispanic Origin?  □ Yes  □ No								
5. Current Gender Identity: 6. County of Residence:									
		Have	client list preferred gender						
7a. Allergies: 7b. Medications:			DATE OF VISIT:						
	s) for Visit (cl	heck all that	8b. Contact(s) verified by:		9a	. Prior STD/STI & Date Dx:	9b. Vaccines & Testing:		
apply)			(check at least one)		Bacterial Vaginosis		Hep A Vaccine		
	n (Asymptom	atic)	Partner notification card for			Chlamydia	□ no □ yes □ unknown #injections:		
Symptomatic     Positive Test for			□ Referral source:			Gonorrhea	Last injection date:		
			NCEDSS event ID	CEDEE avent ID			Hep B Vaccine		
	/	d for	Verbalization of partner/c	contact	Genital Warts		□ no □ yes □ unknown		
	symptomatic		Medical Record of partner	er/contact	□ HIV date of dx		#injections: Last injection date:		
□ Other:	<i>,</i>				state/country of dx		Twinrix Vaccine		
						Dral Herpes	🗆 no 🗆 yes 🗆 unknown		
8c. Sympton	ns		Symptom Parameters Specify location, quality, severity, duration,		□ Genital Herpes		#injections: Last injection date:		
			frequency, and associated applicable. Document what	symptoms, if		MPC			
			relieve the symptoms and the	effectiveness of			Tdap Vaccine □ no □ yes □ unknown		
Present	Absent	Symptom	that action(s).			NGU	#injections:		
		ltch				PID	Last injection date:		
		Irritation				Syphilis date of dx	HPV Vaccine □ no □ yes □ unknown		
		Pain			5	state/country of dx	#injections:		
		Discharge			t	iter result:	Last injection date:		
		Dysuria				county where treated:	Prior HIV Test		
		Ulcer/Lesion				-	□ no □ yes □ unknown Last test date:		
		Rash				Trichomoniasis	HBV Status		
	 Risk Assess				□`	/east	□ unknown □ acute □ chronic		
	ners (last 60 (		tes of exposure (last 60 da	ave).		None	Date Dx:		
-	jenitalia:	• •	Mouth  Penis  Vagina			Other	HCV Status		
	genitalia:		the last 2 weeks:		—		□ unknown □ acute □ chronic Date Dx:		
	sexual encou		Total # sexual encounters:_						
			# with condom use:_		-				
10b. Additio	nal Exposure	e History: "Whe	en was the last time you"		11	. For Women			
Had sex with	a person who	o has the same	• • • —	Dever		<u>IP:/</u>	Contraception:		
	a bisexual m			□ Never		□ regular  □ irregular frequency:	□ emergency contraception		
	a person livir	•		□ Never	Ar	e you pregnant?	□ oral contraceptive pill		
Had sex with a person who uses injectable drugs?       Date: □ Never         Shared needles or other works for drug use?       Date: □ Never					Ar	□ no □ yes □ unknown e you breastfeeding?	□ injectable – last given:		
		-		□ Never □ Never		□ no □ yes	□ implant – inserted:		
Exchanged sex for anything (money, drugs, food, shelter)? Date:  Date:  Never 10c. Do you currently use:						st Cervical Screening: (Pap or V):	□ IUD – inserted:		
Alcohol:  no ves <u>Non-prescribed, injectable substances</u>						□ normal □ abnormal	□ tubal ligation – date:		
Frequency/amount □ no □ yes Last injection:						uche: □ no □ yes frequency:	<ul> <li>condoms</li> <li>hysterectomy – date:</li> </ul>		
Non-injectable substances that alter your mental status:						last use:	<ul> <li>diaphragm</li> </ul>		
□ no □ yes Last used:List substance(s):							□ other – list:		
12. Comments:									
Signature/Title of Interviewer: Interpreter (if used):									
Signature of provider, if provider is not the interviewer:									
				signing	indicate	s this form was reviewed by provide	er		

## Insert Patient/Client Label Here

□ Referrals:

Document location of abnormal fi	indings
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Male Clients Amount: □ small □ moderate □ large

**Color** (check all that apply):  $\square \ \text{clear}$ □ yellow □ green  $\hfill\square$  color of discharge matches white swab □ other (specify)

Insert Patient/Client Label Here		Document location of abrionnal infom	32
<b>13. Physical Examination</b> Vital Signs, i         Temp:B/P:Pulse:	f clinically indicated: Resp:Weight:		) 💿
Oropharynx: no lesions; no erythema; no	Penis: no lesions; no discharge	Description of discharge (if pr	resent):
tonsillar exudate 🛛 abnormal:	□ abnormal:	Female Clients	Male Client
<ul> <li>Scalp, brows, eyes, lashes: no nits; no hair loss; no eye redness or exudate          <ul> <li>abnormal:</li> </ul> </li> </ul>	<ul> <li>Scrotum: no tenderness; no nodules; no lesions</li> <li>abnormal:</li> </ul>	Amount:     Odor (with       □ small     or without       □ moderate     KOH)       □ large     □ yes	Amount: <ul> <li>small</li> <li>moderate</li> <li>large</li> </ul>
□ Cervical/supraclavicular/axillary/epi- trochlear nodes: no adenopathy □ abnormal:	<ul> <li>Vulva: no lesions/rashes; no lice/nits</li> <li>abnormal:</li> </ul>	<b>pH:</b> □ ≥4.5 □ <4.5	
<ul> <li>Skin: clear; no lesions/rashes</li> <li>abnormal:</li> </ul>	□ Vagina: no lesions; no erythema; no discharge □ abnormal:	Adheres to vaginal wall:	Color (chec all that apply):
□ <b>Abdomen:</b> no tenderness to palpation; no rebound tenderness □ abnormal:	□ <b>Cervix</b> : no lesions; no erythema; no discharge; no CMT □ abnormal:	Color (check all that apply):	□ yellow □ green □ color of
<ul> <li>Inguinal nodes: no adenopathy</li> <li>abnormal:</li> </ul>	<ul> <li>Uterus: no enlargement; no tenderness</li> <li>abnormal:</li> </ul>	□ gray/off white □ green □ bright red □ dark red	discharge matches white swal
<ul> <li>Pubic area: no lesions/rashes; no lice/nits</li> <li>abnormal:</li> </ul>	<ul> <li>Anus: no lesions; no discharge</li> <li>abnormal:</li> </ul>	□ color of discharge matches the white swab	□ other (specify)
Additional findings:		<u> </u>	
14. Laboratory         Gonorrhea Test:       NAAT         Cervical       Urethral       Urine         Rectal       Pharyngeal       Vaginal         Urethral Gram Stain:       No GNID       ≥ 2 WBC, no GND         found       Extracellular GND only         GNID found       Extracellular GND only         GNID found       Extracellular GND only         GNID found       Urethral         HIV       Chlamydia Test:       NAAT         Cervical       Urethral       Urine         Rectal       Pharyngeal       Vaginal         Syphilis Serology       Stat RPR:       reactive         Darkfield:       found       not found         Wet Prep:       clue cells       yeast         KOH+       trich       WBCs         Cervical Cancer:       HPV       Pap smear         Pregnancy Test:       positive       negative	15. Clinical Impressions / Diagnosis         Bacterial vaginosis         Candidal infection         Cervicitis / MPC         Chlamydia         Epididymitis         Gonorrhea         Herpes:       1 <sup>st</sup> episode         HIV         HPV / Genital warts         NGU         Pediculosis pubis         PID         Scabies         Syphilis:       Primary         unknown       Early latent         unknown       Early latent         Trichomoniasis         Contact to:         STD Screening (asymptomatic), lab tests pending         Other:		status ng status led according er mption given: U IM terval)
<ul> <li>17. Instructions/Counseling         <ul> <li>Abstain from sex for days and until partner(s) is treated</li> <li>Use condoms or other barrier methods for risk reduction</li> </ul> </li> </ul>	<ul> <li><b>18. Follow-up for Test Results:</b></li> <li>Clinic will call with results only if a test result is abnormal or requires re-testing</li> <li>Results available through patient portal</li> </ul>	OTC pediculosis pubis     Other	
<ul> <li>RTC if symptoms persist/increase</li> <li>Partner notification □ cards given</li> </ul>	<ul> <li>Client will call for results</li> <li>Unique password to obtain results by phone:</li> </ul>	Name/Title of person administering of Treatment Date:	
<ul> <li>Printed risk reduction and infection information</li> <li>Reviewed services provided and tests performed</li> <li>HIV Control Measures reviewed, and post- test counseling done (if applicable)</li> <li>Reformate:</li> </ul>	<ul> <li>□ Preferred phone #s to contact client about results or follow-up:</li> <li>□ Clinic may leave message at preferred #</li> <li>□ Yes □ No</li> <li>□ Other:</li> </ul>	NOTES:	

Signature/Title of Examiner			
Co-Signature (if needed):	ERRN Time:	minutes =	units (T1002)
	•		