



Gonorrhea

Southwest District Health Expanded Investigation of Gonorrhea

Full Name:

Date of Birth:

Address:

City/State:

Race: W B PI A NA

Ethnicity: Hispanic Non-Hispanic

Sex:

Gender identity:

Sexual orientation:

Sex of sex partner(s):

Diagnosing facility type:

Specimen collection date:

Date of diagnosis:

Date of treatment:

Treatment received (Name of treatment and dose):

Co-infection with other STDs:

Co-infections:

History of GC infection:

Clinical signs/symptoms:

Anatomic site(s) of infection:

Pregnancy status: Pregnant

Not Pregnant

HIV status: Positive

Negative

Recent Test Date

Illicit drug use: Yes

No

Noted Drugs:

Partner treatment (i.e., EPT provision):

Gonorrhea-related sequelae:

(i.e., presence of pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI), etc.)

Return Fax

Attn: Southwest District Health - CD Epi

Fax Number: 208-455-5350

Thank you for your efforts in filling out this form as completely as possible. IDHW and SWDH are collaborating to perform additional analysis of gonorrheal infections within our district. This extra information will be analyzed to help gauge any trends in our district. If you have any further questions, please feel free to reach out to an Epidemiologist at Southwest District Health at 208-455-5442. Again, thank you for all of your help.

This form will be available in the coming weeks on the Southwest District Health website as a fillable PDF in the "Healthy Living" tab, in the "Epidemiology" section, under the "Health Professionals" tab.

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