



Reportable Disease: Syphilis Chlamydia Gonorrhea Other: _____
 Please provide the following information as required by Idaho Code (IDAPA 16.02.10.040)

Patient Demographics

Name _____ DOB: _____
 Last First Middle Month /Day /Year

Race: Alaska Native Native Hawaiian Ethnicity: Hispanic Sex: M
 American Indian Pacific Islander Non-Hispanic F
 Asian Unknown Unknown MTF/FTM
 Black / African American White Other

Pt Address: _____ City: _____ State: _____
 Zip Code: _____ Phone: _____

Marital Status: Annulled Legally Separated Unknown
 Divorced Married Widowed
 Domestic Partner Single / Never Married

Provider / Facility Information

Provider (Person – DO, MD, NP, PA, etc.) _____
 Facility Name (place, clinic, etc.) _____

Clinical Information

Symptoms None Abdominal / pelvic pain Adnexal / cervical motion tenderness
 OR Anal itching Cervical friability Dysuria
 Reason: Epididymitis Increased vaginal discharge Mucopurulent cervicitis
 for Testing: Partner infected Penile discharge Rectal discharge
 Rectal pain / bleeding Routine Screening Vaginal bleeding between periods
 Unknown Other _____

Symptom Onset Date: _____ Test Date: _____
 Month/Day/Year Month/Day/Year

Specimen: Blood CSF Cervix Pharynx Rectum Urethra Urine Vagina Unknown
 Plasma Other: _____

Treatment Date: _____ Treatment: _____
 Month /Day /Year Drug, Dose, Route, Duration (ex: Ceftriaxone, 250 mg, IM x1)

Pregnant? Yes EDD _____ Pregnant last 12 mos? Yes, Delivered _____
 No Month /Day /Year No Month /Day /Year
 Unknown Unknown

Risk Information

Please indicate **Y** (yes), **N** (no), or **DNA** (did not ask)

Risk	Y	N	DNA	Risk	Y	N	DNA
Sex with Male				Sex with Female			
Sex with Transgender				Sex with Anonymous Partner(s)			
Sex with IDU*				Sex Without a Condom			
Sex While Intoxicated or High				Sex for Money or Drugs			
(Females only): Sex with MSM**				Other***			

*Intravenous Drug User **Man who has Sex with Men *** Describe "Other" _____

***PLEASE INCLUDE LABS, IF AVAILABLE**

Questions? Please call our Confidential Reporting Line @ 208-455-5442. Fax completed form to 208-455-5350

Edited: 5/2023