PLEASE ENCLOSE LAB

FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

TO REPORT HIV/AIDS
Contact: PAT WEINER
PHONE: 772-462-3875 or
FAX: 772-462-5096

TO REPORT STDs Contact:
Alejandro Ramirez, DIS
PHONE: (772) 794-7471 or
(772) 794-7475
FAX: (772) 794-7482

PROVIDER INFORMATION

DATE REPORTED_____

Physician/Provider Name _____ **Person Reporting (Print Name)** _____

Address _____ **Telephone** (_____) _____

City _____ **State** _____ **Zip code** _____ **County** _____

PATIENT INFORMATION

Medical Record #:_____

Name:_____ DOB:_____ Gender: Male ☐ Female ☐

SSN:_____ Marital Status: _____

Address:_____ City:_____ State:_____ Zip code:_____

Phone:_____ Cell Phone:_____

Race: White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Pacific Islander ☐ Ethnicity: ☐ Hispanic Non-Hispanic ☐

If female, pregnancy status: ☐ Not Pregnant ☐ Pregnant LMP_____ EDD_____ Weeks_____

Most Recent HIV Test Date:_____ Location:_____

Emergency Contact:_____ Phone:_____

Spouse/Partner Name:_____ Age/DOB:_____

Address:_____ City:_____ State:_____ Zip code:_____

Phone:_____ Cell Phone:_____

CHLAMYDIA

☐ ***PLEASE ATTACH LAB***

Treatment:

☐ Azithromycin 1gm PO
☐ Doxycycline 100mg PO BID x7 Days
☐ Other_____

Date of Treatment_____

GONORRHEA

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Treatment:

☐ Ceftriaxone 250mg IM x 1 dose
PLUS Azithromycin 1gm PO
OR
☐ Ceftriaxone 250mg IM x 1 dose **PLUS**
Doxycycline 100mg PO BID x7 Day

Date of Treatment_____

****If patient is allergic to Cephalosporin:***
Azithromycin 2gm PO Single Dose
PLUS
Test of Cure in 1 Week

SYPHILIS

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Treatment and Date (M/D/Y):

☐ 2.4mu BIC (___/___/___)
☐ 2.4mu BIC (___/___/___)
☐ 2.4mu BIC (___/___/___)
☐ Doxycycline 100mg orally BIDx14 Days
☐ Other_____

Date of Treatment _____

If pregnant, was partner treated? YES ☐ NO ☐ Name of Partner:_____

Treatment:_____ Date of Treatment:_____

☐ **CLIENT CONTACTED** ☐ **UNABLE TO CONTACT CLIENT**

Comments: _____

_____

_____

TO REPORT A SEXUALLY TRANSMITTED DISEASE PHONE OR FAX:
EPIDEMIOLOGY DEPARTMENT, FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY
1900 27TH STREET, VERO BEACH, FLORIDA 32960
PHONE: (772) 794-7471 CONFIDENTIAL FAX: (772) 794-7482

J: DRIVE\FORMS\STD\FL STD REPORT FORM 09/08 Revised: 09/04/13 Revised: 03/31/14 Revised 06/03/19