



PLEASE ENCLOSE LAB

FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

PROVIDER INFORMATION

DATE REPORTED _____

Physician/Provider Name _____

Person Reporting (Print Name) _____

Address _____

Telephone _____

City _____

State _____

Zip code _____

County _____

TO REPORT HIV/AIDS

HIV Surveillance

PHONE: 772-462-3875

FAX: 772-462-3809

TO REPORT STDs

Contact: Anthony Sanchez, DIS

PHONE: (772) 794-7471 or

(772) 794-7472 (24 hrs)

FAX: (772) 794-7482

PATIENT INFORMATION

Medical Record #: _____

Name: _____

DOB: _____ Sex: Male Female

SSN: _____

Marital Status: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Alternate 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 _____

OB Provider: _____

Phone: _____

Most Recent HIV Test Date: _____

Result: Positive Negative

Location: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Employer Name: _____

Phone: _____

Spouse/Partner Name: _____

Age/DOB: _____

Address: _____

Phone: _____

Was partner treated? YES NO

Treatment: _____ Date: _____

CHLAMYDIA

PLEASE ATTACH LAB

Treatment:

Doxycycline 100mg orally 2x a day for 7 Days

**If patient is allergic to Doxycycline:*

Azithromycin 1gm orally Single Dose OR

Levofloxacin 500mg orally 1x a day for 7 days

Pregnancy

Azithromycin 1gm orally Single Dose

Date of Treatment _____

GONORRHEA

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Treatment:

Ceftriaxone 500mg IM x 1 dose

If 150kg: Ceftriaxone 1gm IM x 1 dose

**If patient is allergic to Ceftriaxone:*

Gentamicin 240mg IM single dose

PLUS

Azithromycin 2gm orally Single Dose

Date of Treatment _____

SYPHILIS

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Treatment and Date (M/D/Y):

2.4mu Bicillin L-A (/ /)

2.4mu Bicillin L-A (/ /)

2.4mu Bicillin L-A (/ /)

** If patient is allergic to PCN and not pregnant:*

Doxycycline 100mg orally 2x a day for 14 Days for primary or secondary syphilis

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

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