



# Reporting Form for Chlamydia and Gonorrhea

Washington County Public Health - Disease Control and Prevention

Fax: 503-846-3644 | Office: 503-846-2972 | Confidential email: [hhspublichealth\\_IPAC@washingtonty.or.gov](mailto:hhspublichealth_IPAC@washingtonty.or.gov)

Date:	Person Completing Form:	
Health Provider:	Contact Phone/Fax:	
<b>COMPLETE WITHIN 2 BUSINESS DAYS: Fax to Public Health at 503-846-3644 or email to address above</b>		
<b>Patient Information — Please complete all information requested below</b>		
Name:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary <input type="checkbox"/> Female to Male <input type="checkbox"/> Male to Female <input type="checkbox"/> Other _____		
Address:	City/State: Zip:	
Phone:	Alternate Phone:	
Pregnancy test results: <input type="checkbox"/> NA <input type="checkbox"/> Negative <input type="checkbox"/> Positive If positive, how many weeks? _____		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic	<b>Gender of sex partners:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
<input type="checkbox"/> Gonorrhea positive result: Test Date: _____	<input type="checkbox"/> Chlamydia positive result: Test date: _____	
HIV testing: <input type="checkbox"/> No <input type="checkbox"/> Yes – Test date: _____ Result: _____		
Syphilis Testing: <input type="checkbox"/> No <input type="checkbox"/> Yes – Test date: _____ Result: _____		
<b>Reason for exam:</b> <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam <input type="checkbox"/> Test for cure <input type="checkbox"/> Contact <input type="checkbox"/> Pregnant	<b>Diagnosis:</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease (PID) <input type="checkbox"/> Ophthalmia /conjunctivitis <input type="checkbox"/> Disseminated	<b>Site of positive test:</b> <input type="checkbox"/> Cervix <input type="checkbox"/> Ocular <input type="checkbox"/> Vaginal <input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Rectum <input type="checkbox"/> Other
<b>Gonorrhea treatment date:</b> _____	<b>Chlamydia treatment date:</b> _____	
<input type="checkbox"/> Rocephin/Ceftriaxone 500mg IM x 1. Weight <330 lbs. <b>OR</b> <input type="checkbox"/> Rocephin/Ceftriaxone 1gm IM x 1. Weight >330 lbs. <b>ADD:</b> (If Chlamydia has not been ruled out) <input type="checkbox"/> Doxycycline 100mg PO 2 times dailyx7 days	<input type="checkbox"/> Doxycycline 100mg BID x 7 days. (contraindicated during pregnancy)	
<b>Alternative Treatment Regimens if ceftriaxone not available</b>	<b>Alternative Treatment Regimens (Pregnancy)</b>	
<input type="checkbox"/> Cefixime 800mg orally in a single dose <b>PLUS</b> <input type="checkbox"/> Azithromycin 2 gm orally in a single dose	<input type="checkbox"/> Azithromycin 1gm orally in a single dose <b>OR</b> <input type="checkbox"/> Levofloxacin	
If not treated yet – Client notified of infection: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the provider need assistance in contacting a client that has not responded for treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Notes:</b>		
<input type="checkbox"/> Expedited partner therapy dispensed at time of visit – How many partners: _____		
When resources allow, the health department will be contacting rectal gonorrhea cases and high-risk chlamydia cases to offer partner services. <b>Please notify client a public health worker may be contacting them to offer partner services.</b>		
<input type="checkbox"/> PROVIDER REQUESTS CLIENT NOT BE CONTACTED BY PUBLIC HEALTH - Provider will assure Partner treatment		