

Provider Follow-up

Provider				Patient											
Provider Name/Title/Facility				Last Name				First Name				Nickname			
Provider Address (Street)				Patient Address (Street\Apt. #)											
City		State	Zip Code	Provider Phone			City		State	Zip Code		Patient Phone			
Provider Diagnosis		Treated for this infection?		Exam Reason			Age		D.O.B.		Current Gender		Pregnant?		
Disease 1		<div><div></div><div>Y</div><div>N</div><div>U</div></div>		<div><div><input type="checkbox"/> Symptomatic</div><div><input type="checkbox"/> Asymptomatic</div><div><input type="checkbox"/> Contact to STD</div><div><input type="checkbox"/> Prenatal</div><div><input type="checkbox"/> Delivery</div></div> <div><div><input type="checkbox"/> Institutional Screening</div><div><input type="checkbox"/> Community Screening</div><div><input type="checkbox"/> Health Dept. Referral</div><div><input type="checkbox"/> Unknown</div></div>							<div><div>M</div><div>F</div><div>MtF</div><div>T</div></div> <div><div>FtM</div><div>U</div><div>R</div><div>D</div></div>		<div><div>Y</div><div>_____ weeks</div><div>N</div><div>U</div></div>		
Disease 2		<div><div></div><div>Y</div><div>N</div><div>U</div></div>					Race		Hispanic		Marital Status				
							<div><div>O</div><div>NH/PI</div><div>U</div><div>R</div><div>D</div></div>		<div><div>Y</div><div>N</div><div>U</div><div>R</div><div>D</div></div>		<div><div>S</div><div>M</div><div>Sep</div><div>D</div><div>W</div><div>C</div><div>U</div><div>R</div></div>				

Other Identifying, Locating, or Medical Information	Signs & Symptoms			
	Sign	Earliest Observation Date	Anatomic Site	Duration (Days)
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Treatment	Disease 1	Disease 2
Date\Drug\Dosage\Provider	Date Assigned:	Date Assigned:
	Assigned To:	Assigned To:
	Closure Date:	Closure Date:
	Provider Contact: S N R U A	Provider Contact: S N R U A
	Patient F/Up:	Patient F/Up:

Exam			
Date	Test	Result	Lab

<u>Diagnosis Codes</u>	<u>Signs/Symptoms Site Codes</u>	<u>Anatomic Site Codes</u>
030 - HepB acute w/o delta	A - Discharge or Mucopurulent Cervicitis (MPC)	A - Anus/Rectum
031 - HepB acute w/ delta	B - Chancre, Sores, Lesions, or Ulcers	B - Penis
033 - HepB chronic w/o delta	C - Rash	C - Scrotum
034 - HepB chronic w/ delta	D - Dysuria	D - Vagina
042 - Hepatitis delta	E - Itching	E - Cervix
051 - Hepatitis C, acute	F - Alopecia (Hair loss)	F - Naso-Pharynx
053 - Hepatitis E	G - Condylomata Lata	G - Mouth/Oral Cavity
054 - Hepatitis C, chronic	H - Bleeding	H - Eye-Conjunctiva
070 - Hepatitis, unknown	I - Pharyngitis (Sore Throat)	I - Head
100 - Chancroid	J - Painful Sex	J - Torso
200 - Chlamydia	K - Abdominal Pain	K - Extremities (Arms, Legs, Feet, Hands)
300 - Gonorrhea (uncomplicated)	L - Swelling/Inflammation	N - Not Applicable
350 - Resistant Gonorrhea	M - Mucous Patch	O - Other
400 - Non-Gonococcal Urethritis (NGU)	N - Lymphadenopathy	U - Unknown
450 - Mucopurulent Cervicitis (MPC)	O - Other	
490 - PID Syndrome	P - Balanitis	
500 - Granuloma Inguinale	Q - Fever	
600 - Lymphogranuloma Venereum (LGV)	R - Cervical Friability	
700 - Syphilis, Unknown	S - Ectopy	
710 - Syphilis, primary	T - Epididymitis	
720 - Syphilis, secondary	V - Proctitis	
730 - Syphilis, early latent	W - Adnexal tenderness/Cervical motion tenderness	
740 - Syphilis, unknown duration		
745 - Syphilis, late latent		
750 - Syphilis, late w/ symptoms		
800 - Genital Warts		
850 - Herpes		
900 - HIV Infection		
950 - AIDS (Syndrome)		
	<u>Provider Contact Codes</u>	<u>Patient Follow-up</u>
	S - Successful	A - Administrative Closure
	N - Provider Non-Responsive	R - Record Search Closure
	R - Provider Refusal	S - Send OOO (Out of Jurisdiction)
	U - Unable to Locate	I - Insufficient Information
	A - No Attempt Made	N - Not (a) Program Priority
		P - Physician Closure
		F - Field Follow-Up