Draft

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ILLINOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

PATIENT INFORMATION

FIRST NAME | M.I.

LAST NAME | IDOC #

Expedited Partner Therapy (EPT) given to patient with CHLAMYDIA and/or GONORRHEA for partner(s).
○ Yes ○ No ○ Unknown
If yes, for how many partners?

STREET ADDRESS

APARTMENT NUMBER | CITY | STATE

ZIP CODE | COUNTY OF RESIDENCE | PHONE NUMBER

DATE OF BIRTH

RACE (Select All That Apply)
○ White ○ American Indian or Alaskan Native ○ Other
○ Black or African American ○ Unknown
○ Asian ○ Native Hawaiian or Other Pacific Islander

ETHNICITY
○ Hispanic or Latinx
○ Not Hispanic or not Latinx
○ Unknown

SEX AT BIRTH
○ Male
○ Female
○ Unknown

CURRENT GENDER
Male
Female
○ Transgender Male (FTM)*
○ Transgender Female (MTF)*
○ Transgender Unknown
○ Something Else
Unknown

SEX OF SEX PARTNER(S) (Select All that Apply)
○ Male
○ Female
○ Transgender Male (FTM)*
○ Transgender Female (MTF)*
○ Transgender Unknown
○ Something Else
○ Unknown

PREGNANT ○ Yes ○ No
EST. DUE DATE

DIAGNOSIS

Chlamydia
Genito-urinary Rectal
○ Ophthalmia ○ PID*
○ Pneumonia ○ LGV*
Oth

Gonorrhea
Genito-urinary Rectal
○ Ophthalmia ○ DGI*
Pharyngeal ○ PID*
Oth

Other STIs
○ Chancroid
DATE OF TEST/EXAM

Syphilis Stage
○ Primary
○ Secondary
○ Early, NPNS*
Late or Unknown
○ Congenital

Syphilis Symptoms
○ Lesion/Chancre ○ None
○ Rash (P/P* or GBR*)
○ Neurologic:
○ Ocular:
○ Otic:
Other:

LABORATORY TEST(S) RELATED TO DIAGNOSIS

Chlamydia Test
DATE POSITIVE TEST COLLECTED

Gonorrhea Test
DATE POSITIVE TEST COLLECTED

Syphilis Tests

Serologic Screening Test: RPR, VDRL
DATE OF TEST | RESULT Pos Neg
Titer 1:

Serologic Confirmatory Test: FTA-ABS, TP-PA, EIA
DATE OF TEST | RESULT Pos Neg

Darkfield / DFA-TP or PCR (from lesion)
DATE OF TEST | RESULT ○ Pos ○ Neg

CSF-VDRL
DATE OF TEST | RESULT ○ Pos ○ Neg

TREATMENT (RX) INFORMATION (See reverse side for treatment codes)

Date(s) Treated	RX Codes	Other

Syphilis Neurologic Involvement ○ Verified (Positive CSF-VDRL) ○ Possible

FACILITY WHERE SPECIMEN WAS COLLECTED
Name
Address
City Phone

FACILITY WHERE PATIENT WAS TREATED
Name
Address
City Phone
Name of Person Completing Form

If you need assistance in sex partner referral, need additional forms, etc., call your local health department STI program.

Submit this report to your local health department:

If NO local health department, contact:
Illinois Department of Public Health
ATTN: STI Section
525 W. Jefferson St., Ground Floor
Springfield, IL 62761
Phone: 217-782-2747

Updated 2022

Testing Facility: US BioTek Laboratories,
16020 Linden Ave N. Shoreline WA 98133
Phone: 206-365-1256

Reported by: