

# MINNESOTA CONFIDENTIAL CHLAMYDIA AND GONORRHEA REPORT FORM

PATIENT INFORMATION

Patient last name:

Medical record number:

Patient first name:

M.I.:

Date of birth: (MM-DD-YYYY)

Patient street address:

Apt/unit #:

City/town:

State:

Zip:

☐ Homeless

☐ Address unknown

Gender:

- ☐ Male ☐ Transgender (M to F)  
☐ Female ☐ Transgender (F to M)

Race (mark all that apply):

- ☐ American Indian/Alaska Native  
☐ Asian/Asian American  
☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander  
☐ White  
☐ Other: \_\_\_\_\_  
☐ Unknown

Ethnicity:

- ☐ Hispanic/Latino  
☐ Non-Hispanic/Non-Latino  
☐ Unknown

Phone:

☐ Home

☐ Work

☐ Mobile/cell

Did the patient exhibit signs/symptoms at time of test?

- ☐ Yes ☐ No ☐ Unknown

Pregnant:

- ☐ No ☐ Unknown

☐ Yes # weeks: \_\_\_\_\_

HIV tested at this visit:

- ☐ Yes ☐ No

☐ Previous positive

Due date:

Patient on PrEP?

- ☐ Yes ☐ No

## CHLAMYDIA (CT) - LAB CONFIRMED

Specimen collection date:

Source (mark all that apply):

- ☐ Cervix ☐ Rectum  
☐ Vagina ☐ Pharynx  
☐ Urethra ☐ Urine  
☐ Other: \_\_\_\_\_

EPT Given?:

- ☐ Yes ☐ No

Treatment date:

- ☐ Doxycycline 100 mg po BID x 7 days ☐ Not treated for chlamydia

Alternative regimens:

- ☐ Azithromycin (Zithromax) 1 g po x 1  
☐ Levofloxacin 500 mg po x 7 days  
☐ Other: \_\_\_\_\_

## GONORRHEA (GC) - LAB CONFIRMED

Specimen collection date:

Source (mark all that apply):

- ☐ Cervix ☐ Rectum  
☐ Vagina ☐ Pharynx  
☐ Urethra ☐ Urine  
☐ Other: \_\_\_\_\_

To report disseminated gonorrhea or concern over persistent infection call: 651-201-5414.

EPT Given?:

- ☐ Yes ☐ No

Treatment date:

- ☐ Ceftriaxone (Rocephin) 500 mg IM x 1 (For persons weighing <150 kg\*) ☐ Not treated for gonorrhea

- ☐ Ceftriaxone (Rocephin) 1 g IM x 1 (For person weighing ≥150 kg\*)

Alternative regimens:

- ☐ Cefixime (Suprax) 800 mg po x 1\*  
☐ Gentamicin 240 mg IM x 1 plus Azithromycin (Zithromax) 2 g po x 1  
☐ Other: \_\_\_\_\_

\*If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days (Doxycycline 100 mg po BID x 7 days). During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia (Azithromycin (Zithromax) 1 g po x 1).

DIAGNOSIS INFORMATION

Diagnosed by:

Reported by (if different from diagnosed by):

Facility/clinic name:

Office telephone:

Facility/clinic address:

Office fax:

City:

State:

Zip:

PROVIDER INFORMATION

When complete fax to: 1-800-298-3775