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:_____

Due date: ___/___/___

HIV tested at this visit:

☐ Yes ☐ No

☐ Previous positive

Patient on PrEP?

☐ Yes ☐ No

DIAGNOSIS INFORMATION

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: Unkown

☐ 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: Unknown

☐ 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).*

PROVIDER INFORMATION

Diagnosed by:

Reported by (if different from diagnosed by):

Facility/clinic name:

Office telephone:

Facility/clinic address:

Office fax:

City:

State:

Zip:

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