

LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL MORBIDITY REPORT



/	CALIFO	DATE OF REPORT OME BY: (MMDDYY): REPORT NEW REPORT DONE BY: STATUS: UPDATE (First+Space+Last)
		DIAGNOSING MEDICAL PRACTITIONER LAST NAME FIRST NAME TITLE ABBREVIATION
	1	FACILITY/CLINIC NAME SUITE/UNIT NO.
	P	FACILITY/CLINIC STREET ADDRESS
	R	CLINIC STAMP
	O V	CITY/TOWN
	i	
	D	STATE OFFICE TEL. (Enter 999-999-9999 as 9999999999)
	Е	
	R	ZIP CODE OFFICE FAX (Enter 999-999-9999 as 9999999999)
-		PATIENT'S LAST NAME FIRST NAME M.I.
	2 `	MEDICAL RECORD NUMBER AGE BIRTHDAY (MMDDYYYY): OCCUPATION
		PATIENT STREET ADDRESS APT/UNIT NO.
	P	
	A T	CITY/TOWN STATE ZIP CODE
	1	HIV cases must be reported to
	Е	DAY TEL. (Enter 999-999-9999 as 999999999) EVENING TEL. (Enter 999-999-9999) LA County HIV
	N	Epidemiology Program
	Т	CELL PHONE (Enter 999-999-9999 as 9999999999) E-MAIL ADDRESS (see section 5)
	N	
	F	PREGNANT? ☐ Unknown ☐ No ☐ Yes ►If yes, date of LMP [MMDDYY]: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	0	
	R	GENDER (X one): MARITAL STATUS (X one): RACE (X all that apply): ETHICITY (X one): GENDER of SEX PARTNERS (X all that apply): (X all that apply): (X all that apply):
	M A	Female Married Black or African American — Non Hispanic/
	T	Transgender (M to F) Separated Native American or Alaska Native
	1	
	_	Transgender (F to M) Divorced Asian Or Asian American
	0	Transgender (F to M) Divorced Asian or Asian American Transgender (F to M) Unknown Widowed Native Hawaiian or Pacific Islander
	N	Transgender (F to M) Unknown Unknown Ullyknown Ullyknown Ullyknown Unknown Unknown Unknown Unknown
		Transgender (F to M) Divorced Asian or Asian American Transgender (F to M) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Other
		Transgender (F to M) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Other Other: Refused
	N 3	Transgender (F to M) Unknown Other Unknown Other CHLAMYDIA (including PID) Iransgender (M to F) Transgender (M to F) Transge
	N 3	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply):
	N 3	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Asian or Asian American Transgender (M to F) Unknown Other Dother SITE/SPECIMEN(S) (X all that apply): Urine Specimen Collection Date (MMDDYY):
	3 D I	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Asymptomatic Symptomatic Unknown Other Symptomatic Cervix Transgender (M to F) Unknown Unknown Other Refused Transgender (M to F) Transgender (M to M) Transgender (M
	N 3	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Asymptomatic Symptomatic Urine Specimen Collection Date (MMDDYY): Symptomatic Unknown Other Specimen Collection Date (MMDDYY): Pelvic Inflammatory Not Treated
	3 D I A	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Asymptomatic Symptomatic - uncomplicated Pelvic Inflammatory Disease Unterhra Medication Refused Asian or Asian American Transgender (M to F) Unknown Unknown Other Other Refused Other Not Treated
	N D - A G N O	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Symptomatic Urine Specimen Collection Date (MMDDYY): Symptomatic Urine Symptomatic Urine Specimen Collection Date (MMDDYY): Pelvic Inflammatory Disease Opthalmia/Conjunctivitis Rectum
	N	Transgender (F to M) Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): Asymptomatic Symptomatic - Urine Specimen Collection Date (MMDDYY): Medication Pelvic Inflammatory Disease Opthalmia/Conjunctivitis Rectum Other: Other: Partner Number Given Patient Delivered Partner Therapy
	N D - A G N O S -	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Transgender (F to M) Unknown Other Unknown Other: CHLAMYDTA (including PID) DIAGNOSIS (X one): Asymptomatic Urine Specimen Collection Date (MMDDYY): University of the control of the contr
	N	Transgender (F to M) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other CHLAMYDIA (including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Asymptomatic Urine Specimen Collection Date (MMDDYY): Symptomatic- uncomplicated Vagina Pelvic Inflammatory Disease Opthalmia/Conjunctivitis Rectum Other: Partner Information: Partner Information: Partner Information: Partner Information PID Inflammatory Inflammator
	N	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Transgender (F to M) Unknown Other Unknown Other: CHLAMYDIA (including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Symptomatic Urine Specimen Collection Date (MMDDYY): Symptomatic - Urine Cervix Treatment Date (MMDDYY): Pelvic Inflammatory Disease Opthalmia/Conjunctivitis Rectum Other: Partner Information: Rectum Other: Partner Information: Rectum Other: Partner Information: Rectum Other: Other:
	N	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Transgender (F to M) Unknown Other Unknown Other: CHLAMYDTA (including PID) DIAGNOSIS (X one): Symptomatic - uncomplicated Unine Specimen Collection Date (MMDDYY): Symptomatic - uncomplicated Urithra Addication A Dose: Other: Partner Information: A Wedication A Dose: Other:
	N D I A G N O S I S & T	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Unknown Other: SITE/SPECIMEN(S) (X all that apply): Asymptomatic Cervix Treatment Date (MMDDYY): Disease Other: Other: Partner Information: Other: Bransgender (M to F) Transgender (M to F) Transent Date (MMDDYY): Transpender (M to F) Transpend
	N D I A G N O S I S & T R	Transgender (F to M) Divorced Asian American Transgender (M to F) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Living with Partner Unknown Other: STE/SPECIMEN(S) (X all that apply): Asymptomatic Ocervix Treatment Date (MMDDYY): Disease Other: Partner Partner Information: Other: Partner Information: Other: Partner Information: Partner Information: Symptomatic Other: Partner Information: Partner Information: Other: STE/SPECIMEN(S) (X all that apply): GONORRHEA (Including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Asymptomatic Other: Partner Information: Partner Informati
	N	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Living with Partner Unknown Other: Refused CHLAMYDIA (including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Symptomatic Urine Specimen Collection Date (MMDDYY): Not Treated Pelvic Inflammatory Urethra Medication Date (MMDDYY): Not Treated Other: Partner Information: Partners (Inst 60 days): Mumber Treated Number Given Patient Delivered Partner Therapy DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): SONORRHEA (including PID) DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Symptomatic Urine Specimen Collection Date (MMDDYY): Number Treated Number Given Patient Delivered Partner Therapy (PDFT): Number Collection Date (MMDDYY): Not Treated DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Symptomatic Urine Specimen Collection Date (MMDDYY): Not Treated Pelvic Inflammatory Urine Medications Partner Mumber Medications Symptomatic Urine Specimen Collection Date (MMDDYY): Not Treated Pelvic Inflammatory Urethra Medications Wedications Urethra Wedications Urethra Medications Sposes:
	N D I A G N O S I S & T R	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Other: The Medication Symptomatic Urine Specimen Collection Date (MMDDYY): Not Treated Partner Information: Partner (M to Experimental Conjunctivitis Rectum DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Not Treated (Dyagina Pother: Partner Information: Partner (M to Experimental Conjunctivitis (M to Experimental M to Experimenta
	N D I A G N O S I S & T R E A T M	Transgender (F to M)
	N D I A G N O S I S & T R E A T	Transgender (F to M) Divorced Asian or Asian American Transgender (M to F) Unknown Widowed Native Hawaiian or Pacific Islander Unknown Other Other: The Medication Symptomatic Urine Specimen Collection Date (MMDDYY): Not Treated Partner Information: Partner (M to Experimental Conjunctivitis Rectum DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Not Treated (Dyagina Pother: Partner Information: Partner (M to Experimental Conjunctivitis (M to Experimental M to Experimenta

ADULT SYPHILIS Primary	? No Unknown
Secondary Onset Date Syphilis (MMDDYY): Secondary Onset Date Syphilis (MMDDYY): Secondary Onset Date Syphilis (MMDDYY): General Body Rash Other: General Body Rash Alopecia Secondary Onset Date Syphilis (MMDDYY): General Body Rash Alopecia General Body Rash Alopecia Late Syphilis DESCRIBE SYMPTOMS Late Latent (>1 year) Neurosyphilis must be accompanied by a staged diagnosis Specimen Collection Date (MMDDYY): Partner information: Number elicited: treated: Yes Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: Description: Number Number Number Yes Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose: Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis Titer: 1: DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis DESCRIBE Neurosyphilis must be accompanied by a staged diagnosis DESCRIBE Neurosyphilis must be accompanied by	
Secondary Onset Date Syphilis SYMPTOMS Palmar/Plantar Rash Other:	
DESCRIBE SYMPTOMS Late Latent (>1 year) Late Neurosyphilis Neurosyphilis SYMPTOMS (The diagnosis of neurosyphilis must be accompanied by a staged diagnosis) PREGNANT? Partner information: Number elicited: TR RPR or VORL Titer: 1: Patient Treated: Yes No (If yes, give treatment/dose & dates below) DATE(S) TREATED (MMDDYY) Medication & Dose:	
Specimen Collection Date (MMDDYY): Representation: Partner information: Number elicited: Number treated: Yes Patient Treated: Patie	
R RPR or E VDRL 1: DATE(S) TREATED (MMDDYY) Medication & Dose:	
E N Other Other	
CSF-VDRL Titer: 1:	
CONGENITAL SYPHILIS (SEPARATE CMRS SHOULD BE SUBMITTED INFANT INFORMATION MATERNAL INFORMAT	,
(Complete sections A & B if this is mother's CMR; Complete only B if this is infant's CMR) (Complete if this is infant's CMR)	
INFANT'S LAST NAME	
INFANT'S BIRTH DATE (MMDDYY) Male Live Birth MOTHER'S BIRTH DATE (MMDDYY) Lumbar Pun Lumbar Pun	ncture Done: Yes No
B WEIGHT (grams) SYMPTOMS (describe) No symptoms Lab Test Date (MMDDYY):	THER'S STAGE OF HILIS AT DIAGNOSIS Primary
Long Bone X-rays: Pos. Neg. Not Done RPR or Titer: 1:	Secondary Early Latent (≤1 year)
Serum RPR Lab Test Date (MMDDYY): CSF Laboratory Test Date (MMDDYY): TP-PA or	Late Latent (>1 year) Latent, Unknown Duration
Reactive → Titer: 1: VDRL: Non-Reactive Reactive Other Non-Reactive WBC>5/mm³: Yes No DATE(5) TREATED (MMDDYY) MEDICATION / DOSE	Late Syphilis
Not Done Protein>50mg/dl:	
DATE INFANT TREATED (MMDDYY):	
OTHER REPORTABLE STDs	
DIAGNOSIS TREATED DATE TREATED MEDICATION / DOSE	
Disease (complete if chlamydia & gonorrhea tests are negative or not available. If either test is positive, report in chlamydia and/or gonorrhea sections)	
LGV Yes No	
Chancroid Yes No	
FAX BOTH SIDES TO: (213) 749-9602 5 FOR STD CMR FORMS: Complete on-line or download from: http://publichealth.lacounty.gov/std/co	cmr htm
OR or call (213) 741-8000 to request forms.	
FOR INFORMATION AND QUESTIONS ABOUT STD REPORTS Visit http://publichealth.lacounty.gov/std/providers.htm or call (213) 744-3 FOR HIV REPORTING: Visit http://publichealth.lacounty.gov/hiv/hivreporting.htm or call (213) 351	3106.