LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL MORBIDITY REPORT

County of Los Angeles Public Health

DATE OF REPORT (MMDDYY): ☐☐ — ☐☐ — ☐☐

REPORT STATUS: ☐ NEW ☐ UPDATE

REPORT DONE BY: (First+Space+Last)

1 PROVIDER

DIAGNOSING MEDICAL PRACTITIONER LAST NAME | FIRST NAME | TITLE ABBREVIATION

FACILITY/CLINIC NAME | SUITE/UNIT NO.

FACILITY/CLINIC STREET ADDRESS

CLINIC STAMP ▼

CITY/TOWN

STATE

OFFICE TEL. (Enter 999-999-9999 as 9999999999) ☐☐☐ — ☐☐☐ — ☐☐☐☐

ZIP CODE

OFFICE FAX (Enter 999-999-9999 as 9999999999) ☐☐☐ — ☐☐☐ — ☐☐☐☐

2 PATIENT INFORMATION

PATIENT'S LAST NAME | FIRST NAME | M.I.

MEDICAL RECORD NUMBER | AGE | BIRTHDAY (MMDDYYYY): ☐☐ — ☐☐ — ☐☐☐☐ | OCCUPATION

PATIENT STREET ADDRESS | APT/UNIT NO.

CITY/TOWN | STATE | ZIP CODE

DAY TEL. (Enter 999-999-9999 as 9999999999) ☐☐☐ — ☐☐☐ — ☐☐☐☐

EVENING TEL. (Enter 999-999-9999 as 9999999999) ☐☐☐ — ☐☐☐ — ☐☐☐☐

CELL PHONE (Enter 999-999-9999 as 9999999999) ☐☐☐ — ☐☐☐ — ☐☐☐☐

E-MAIL ADDRESS

HIV cases must be reported to **LA County HIV Epidemiology Program** (see section 5)

PREGNANT? ☐ Unknown ☐ No ☐ Yes ►If yes, date of LMP (MMDDYY): ☐☐-☐☐-☐☐

If patient has HIV infection, have they received HIV partner servcies? ☐ Yes ☐ No ☐ Unknown

GENDER (X one):
- ☐ Male
- ☐ Female
- ☐ Transgender (M to F)
- ☐ Transgender (F to M)
- ☐ Unknown
- ☐ Other

MARITAL STATUS (X one):
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Living with Partner

RACE (X all that apply):
- ☐ White
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Asian or Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Unknown
- ☐ Other:

ETHICITY (X one):
- ☐ Hispanic or Latino
- ☐ Non-Hispanic/ Non-Latino

GENDER of SEX PARTNERS (X all that apply):
- ☐ Male
- ☐ Female
- ☐ Transgender (M to F)
- ☐ Transgender (F to M)
- ☐ Unknown
- ☐ Other
- ☐ Refused

3 DIAGNOSIS & TREATMENT

CHLAMYDIA (including PID)

DIAGNOSIS (X one):
- ☐ Asymptomatic
- ☐ Symptomatic - uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Opthalmia/Conjunctivitis
- ☐ Other:

SITE/SPECIMEN(S) (X all that apply):
- ☐ Urine
- ☐ Cervix
- ☐ Vagina
- ☐ Urethra
- ☐ Rectum
- ☐ Other:

Specimen Collection Date (MMDDYY): ☐☐ — ☐☐ — ☐☐

Treatment Date (MMDDYY): ☐☐ — ☐☐ — ☐☐ ☐ Not Treated

Medication & Dose:

Partner Information: Number Partners (last 60 days): ☐☐☐ Number Treated (not including PDPT): ☐☐☐ Number Given Patient Delivered Partner Therapy (PDPT) ☐☐☐

GONORRHEA (including PID)

DIAGNOSIS (X one):
- ☐ Asymptomatic
- ☐ Symptomatic - uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Opthalmia/Conjunctivitis
- ☐ Disseminated
- ☐ Other:

SITE/SPECIMEN(S) (X all that apply):
- ☐ Urine
- ☐ Cervix
- ☐ Vagina
- ☐ Urethra
- ☐ Rectum
- ☐ Nasopharynx
- ☐ Other:

Specimen Collection Date (MMDDYY): ☐☐ — ☐☐ — ☐☐

Treatment Date (MMDDYY): ☐☐ — ☐☐ — ☐☐ ☐ Not Treated

Medications & Doses:

Partner Information: Number Partners (last 60 days): ☐☐☐ Number Treated (not including PDPT): ☐☐☐ Number Given Patient Delivered Partner Therapy (PDPT) ☐☐☐

SYPHILIS, CONGENITAL SYPHILIS, OTHER REPORTABLE STDS AND REPORTING INFORMATION ON BACK PAGE.

PATIENT'S LAST NAME | FIRST NAME | M.I.

3 Cont. DIAGNOSIS & TREATMENT

ADULT SYPHILIS

☐ Primary Syphilis — Onset Date (MMDDYY): ☐☐–☐☐–☐☐

LESION SITES (X all that apply): ☐ Genital ☐ Rectum ☐ Oral ☐ Other: ☐ Vagina ☐ Perirectal

☐ Secondary Syphilis — Onset Date (MMDDYY): ☐☐–☐☐–☐☐

SYMPTOMS (X all that apply): ☐ Palmar/Plantar Rash ☐ Other: ☐ General Body Rash ☐ Alopecia

☐ Early Latent (≤1 year)
☐ Late Latent (>1 year)
☐ Latent, Unknown Duration

☐ Late Syphilis
☐ Neurosyphilis
} DESCRIBE SYMPTOMS

(The diagnosis of neurosyphilis must be accompanied by a staged diagnosis)

Specimen Collection Date (MMDDYY): ☐☐–☐☐–☐☐

☐ RPR or ☐ VDRL } Titer: 1 :

☐ TP-PA or ☐ FTA-ABS or ☐ Other } Reactive: ☐ Yes ☐ No

☐ CSF-VDRL Titer: 1 :

Partner information: **Number elicited:** ☐☐ **Number treated:** ☐☐

PREGNANT? ☐ Yes ☐ No ☐ Unknown

Patient Treated: ☐ Yes ☐ No (If **yes,** give treatment/dose & dates below)

DATE(S) TREATED (MMDDYY) | Medication & Dose:

☐☐–☐☐–☐☐
☐☐–☐☐–☐☐
☐☐–☐☐–☐☐

CONGENITAL SYPHILIS (SEPARATE CMRS SHOULD BE SUBMITTED FOR MOTHER & INFANT)

A — INFANT INFORMATION

(Complete sections A & B if this is mother's CMR; Complete only B if this is infant's CMR)

INFANT'S LAST NAME

INFANT'S FIRST NAME

INFANT'S BIRTH DATE (MMDDYY) ☐☐–☐☐–☐☐

☐ Male ☐ Female ☐ Live Birth ☐ Still Birth

B

WEIGHT (grams)

SYMPTOMS (describe) ☐ No symptoms

GESTATION(wks)

Long Bone X-rays: ☐ Pos. ☐ Neg. ☐ Not Done

Serum RPR Lab Test Date (MMDDYY): ☐☐–☐☐–☐☐

☐ Reactive → Titer: 1 :
☐ Non-Reactive
☐ Not Done

Titer 4x > mothers? ☐ Yes ☐ No

DATE INFANT TREATED (MMDDYY): ☐☐–☐☐–☐☐

CSF Laboratory Test Date (MMDDYY): ☐☐–☐☐–☐☐

VDRL: ☐ Non-Reactive ☐ Reactive

WBC>5/mm³: ☐ Yes ☐ No

Protein>50mg/dl: ☐ Yes ☐ No

MEDICATION / DOSE

MATERNAL INFORMATION

(Complete if this is infant's CMR)

MOTHER'S LAST NAME

MOTHER'S FIRST NAME

MOTHER'S BIRTH DATE (MMDDYY) ☐☐–☐☐–☐☐

Lumbar Puncture Done: ☐ Yes ☐ No

MOTHER'S SEROLOGY AT DELIVERY

Lab Test Date (MMDDYY): ☐☐–☐☐–☐☐

☐ RPR or ☐ VDRL } Titer: 1 :

☐ TP-PA or ☐ FTA-ABS or ☐ Other — Reactive: ☐ Yes ☐ No

MOTHER'S STAGE OF SYPHILIS AT DIAGNOSIS

☐ Primary
☐ Secondary
☐ Early Latent (≤1 year)
☐ Late Latent (>1 year)
☐ Latent, Unknown Duration
☐ Late Syphilis

DATE(S) TREATED (MMDDYY) | MEDICATION / DOSE

☐☐–☐☐–☐☐
☐☐–☐☐–☐☐
☐☐–☐☐–☐☐

OTHER REPORTABLE STDs

DIAGNOSIS	TREATED	DATE TREATED	MEDICATION / DOSE
☐ Pelvic Inflammatory Disease	☐ Yes ☐ No	☐☐–☐☐–☐☐	
(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	☐☐–☐☐–☐☐	

4 SEND

FAX BOTH SIDES TO:
(213) 749-9602
OR
MAIL TO:
STD PROGRAM
2615 S. GRAND AVENUE, RM. 450
LOS ANGELES, CA 90007

5 INFO

FOR STD CMR FORMS:
Complete on-line or download from: http://publichealth.lacounty.gov/std/cmr.htm
or call (213) 741-8000 to request forms.

FOR INFORMATION AND QUESTIONS ABOUT STD REPORTING:
Visit http://publichealth.lacounty.gov/std/providers.htm or call (213) 744-3106.

FOR HIV REPORTING:
Visit http://publichealth.lacounty.gov/hiv/hivreporting.htm or call (213) 351-8516.