



PALM BEACH COUNTY FLORIDA CONFIDENTIAL REPORT
OF SEXUALLY TRANSMITTED DISEASES
(Gonorrhea, Chlamydia & Syphilis Infections)

PLEASE ENCLOSE LABS

FAX STD REPORT
AND LABS TO:

eFax:

561-840-0148

Contact numbers:

561-803-7316

561-803-7326

DOH will call if additional
information is needed.

PROVIDER INFORMATION

DATE REPORTED:

Physician / Provider Name

Person Reporting (Print Name)

Address

Telephone

City

State

Zip-code

County

PATIENT INFORMATION

* Required fields

*Name:

*DOB:

*Birth Sex:

*Sex:

☐ Male

☐ Male

☐ Female

☐ Female

*Address:

City:

State:

Zip code:

*Phone:

Emergency Contact:

*Race: White ☐ Black/African American ☐ Asian ☐
American Indian ☐ Pacific Islander ☐ Other ☐

*Ethnicity: Hispanic ☐ Non-Hispanic ☐

Signs & Symptoms:

☐ Dysuria ☐ Discharge ☐ Itching ☐ Odor ☐ Pain

☐ Genital/Anal lesion ☐ Skin lesion ☐ Rash ☐ Other

*Pregnancy status: Not pregnant ☐ Pregnant ☐

Description & duration

If pregnant, please complete:

LMP:	EDD:	Weeks:
HIV test ordered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____
Negative HIV test?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____
Syphilis test ordered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____
Negative Syphilis test?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____

If reporting Syphilis, please complete:

Previous diagnoses of Syphilis? YES ☐ NO ☐ Date: _____

Previous treatment for Syphilis? YES ☐ NO ☐ Date: _____

Pending RPR/titer test results? YES ☐ NO ☐ Date: _____

Pending confirmatory test results? YES ☐ NO ☐ Date: _____

TREATMENT

CHLAMYDIA *ATTACH LAB*	GONORRHEA *ATTACH LAB*	SYPHILIS *ATTACH LAB*
Treatment: <input type="checkbox"/> Azithromycin 1gm PO single dose Date of treatment: _____ <input type="checkbox"/> Doxycycline 100mg PO BID x 7 days Date of treatment: _____ <input type="checkbox"/> Levofloxacin 500mg PO q.d. x 7 days Date of treatment: _____ <input type="checkbox"/> Other TX: _____ <input type="checkbox"/> No treatment given for this infection <input type="checkbox"/> Follow-up appointment: _____	Treatment: <input type="checkbox"/> Ceftriaxone 500mg IM single dose Date of Treatment: _____ <input type="checkbox"/> Gentamicin 240mg IM single dose PLUS Azithromycin 2gm PO x 1 dose Date of Treatment: _____ <input type="checkbox"/> Cefixime 800mg PO single dose Date of treatment: _____ <input type="checkbox"/> Other TX: _____ <input type="checkbox"/> No treatment given for this infection <input type="checkbox"/> Follow-up appointment: _____	Treatment: Benzathine Penicillin G 2.4 MU IM <input type="checkbox"/> Single dose. Date: _____ <input type="checkbox"/> 3 doses (given at one week interval) Date: _____ Doxycycline 100mg PO given BID <input type="checkbox"/> 14 days TX. Date: _____ <input type="checkbox"/> 28 days TX. Date: _____ <input type="checkbox"/> Other TX: _____ <input type="checkbox"/> No treatment given for this infection <input type="checkbox"/> Follow-up appointment: _____