

Spouse / Partner name:

If pregnant, was partner treated? YES□ NO□

Address:

PLEASE ENCLOSE LABS

Gonorrhea, Chlamydia & Syphilis
FLORIDA CONFIDENTIAL REPORT OF
SEXUALLY TRANSMITTED DISEASES

PROVIDER INFORMATION	DATE REPORTED:		Or 561-803-7316			
Physician / Provider Name	Person Reporting (Print Name)			eFax: 561-840-0148		
Address	Telephone			** We may call for additional information.**		
City	State	Zip-code	County			
PATIENT INFORMATION				* Required fields		
*Name:	*DOB:		*Gender: Male 🗆	Female \square		
SSN:	Married	□ Single □				
*Pregnancy status: Not pregnant□ Pregnant□	LMP:	EDD:	Weeks:			
OB Provider:	<u> </u>					
*Race: White□ Black□ Asian / Pacific Islander□ American Indian□ *Ethnicity: Hispanic□ Non-Hispanic□						
*Street Address:	*Cit	у:	*State:	*Zip code:		
*Phone:	Alte	rnate Phone:				
*Most recent HIV test date:						
*Emergency contact:	*Phone:					
Employer Name:	Pho	ne:				

FOR ALL THE LATEST ALLERGIES / TREATMENT GUIDELINES, PLEASE VISIT www.cdc.gov/std/tg2015

Age / DOB:

Treatment:

Phone

<u>CHLAMYDIA</u>	GONORRHEA	<u>SYPHILIS</u>	
ATTACH LAB	*ATTACH LAB*	*ATTACH LAB*	
Treatment:	Treatment:	Treatment:	
☐ Azithromycin 1gm PO	☐ Ceftriaxone 500mg IM single dose	*Early Syphilis <12months duration	
Date of treatment	Date of Treatment	☐ 2.4mu Bic x 1	
☐ Doxycycline 100mg PO BID x 7 Days	If Ceftriaxone is not available,	Date of Treatment	
Date of Treatment	alternative treatment:	☐ Doxy 100mg orally BID X 14 days	
☐ Referred to:	☐ Gentamicin 240mg IM single dose	Date of treatment	
	PLUS Azithromycin 2gm PO x 1 dose	*Latent Syphilis >12months duration	
	Or	☐ 2.4mu X 3 doses at 1-week	
	☐ Cefixime 800mg single dose	intervals	
	Date of treatment	Dates of treatment	
	☐ Referred to:	☐ Doxy 100mg orally BID X 28 days	
		Date of treatment	

FLORIDA DEPARTMENT OF HEALTH IN PALM BEACH COUNTY STD SURVEILLANCE: 851 AVENUE P, RIVIERA BEACH FL, 33404 - CONFIDENTIAL eFax: 561-840-0148 ***PLEASE ENCLOSE LAB***

TO REPORT AN STD CONTACT: 561-803-7326

Date of Treatment: