New Hampshire Confidential STI Reporting Form

PATIENT INFORMATION

Last Name: ______________________________ **First Name:** ______________________________ **MI:** _____ **DOB:** _____/_____/_____

Address: ____

City/State/Zip: ____ **Pronouns:** _____________________

Home Phone: ____________________________ **Cell Phone:** _____________________________ **Primary Language:** _______________

Sex Assigned at Birth
☐ Male ☐ Female

Gender Identity
☐ Male ☐ Female ☐ Trans male
☐ Trans female ☐ Other: ______________

Race
☐ White ☐ Black ☐ Asian ☐ Pacific Islander
☐ American Indian ☐ Alaskan Native
☐ Other: ____________________ ☐ Unknown

Ethnicity
☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Drug Allergies
____

Pregnancy Status
☐ Pregnant ☐ Not Pregnant

Symptom Onset Date: ____/____/____ ☐ Asymptomatic
☐ Discharge ☐ Dysuria ☐ Epididymitis ☐ Lesion(s) ☐ Pain ☐ Pelvic Inflammatory Disease ☐ Proctitis ☐ Rash
☐ Other: ____

CHLAMYDIA

Test Date: ____/____/____

Reporting Lab: ________________

☐ **Positive** ☐ **Negative**

Treatment Date: _____/_____/_____

☐ Doxycycline 100 mg BID x 7 days
☐ Azithromycin 1 gm orally x 1 dose

If patient is pregnant:
☐ Azithromycin 1 gm orally x 1 dose
☐ Erythromycin 500 mg QID x 7 days

☐ Other: ________________________

GONORRHEA

Test Date: ____/____/____

Reporting Lab: ________________

☐ **Positive** ☐ **Negative**

Treatment Date: _____/_____/_____

☐ Ceftriaxone 500 mg IM x 1 dose

If ceftriaxone unavailable:
☐ Cefixime 800 mg orally x 1 dose

If cephalosporin allergy:
☐ Gentamicin 240 mg IM x 1 dose plus Azithromycin 2 gm orally x 1 dose

☐ Other: ________________________

SYPHILIS

Treponemal Test Date: ____/____/____

Reporting Lab: ___________________

FTA-ABS ☐ Positive ☐ Negative
TPPA ☐ Positive ☐ Negative
Other:____________ ☐ Positive ☐ Negative

Non-Treponemal Test Date: ____/____/____

Reporting Lab: ______________________

RPR: Titer: 1: _______ ☐ Positive ☐ Negative
VDRL: Titer: 1: _____ ☐ Positive ☐ Negative

Treatment Date: _____/_____/_____

☐ 2.4 mu Benzathine penicillin G (BIC) X 1 dose
☐ 2.4 mu Benzathine penicillin G (BIC) X 3 doses at 1 week intervals

If penicillin allergy or BIC unavailable:
☐ Doxycycline 100 mg BID x 14 days
☐ Doxycycline 100 mg BID x 28 days

☐ Other: ____________________________

Sites Tested (check all that apply)
☐Cervix ☐Pharynx ☐Rectum ☐Urethra ☐Urine ☐Vagina ☐Other: ___________

Expedited Partner Therapy
Was medication prescribed to the patient for their partner(s)? ☐ Yes ☐ No

Contextual Factors (check all that apply)

Reason for Testing: ☐ Exposure ☐ Routine PrEP care ☐ Routine STI screening
☐ Symptoms ☐ Other: ____

Sex Partners: ☐ Male ☐ Female ☐ Transgender ☐ Anonymous ☐ Unknown

Injection Drug Use: ☐ Within 6 months ☐ Lifetime ☐ Denies ☐ Unknown

Date of last HIV test: _____/_____/_____ ☐ Positive ☐ Negative

Is patient on HIV PrEP? ☐ Yes ☐ No ☐ Unknown

Additional Notes:
____
____
____
____

For current STI treatment guidelines, see: http://bit.ly/STI_Treatment_Guidelines

Healthcare Provider: ________________________ **Facility:** ______________________________ **City/State:**________________

Person Reporting: __________________________ **Phone:** ______________________ **Date:** _____/_____/_____ ***Version 8/2022***

Fax completed forms to: 603-696-3017 **Additional Forms available at: http://bit.ly/NH_Inf_Dis_Reporting**

NH RSA 141-C and He-P300 mandate reporting of chlamydia, gonorrhea, syphilis, and HIV by all physicians, labs, and health care providers.
We request prompt reporting of suspect and confirmed cases within 72 hours of diagnosis. All reports are handled under strict confidentiality standards.