ALABAMA DEPARTMENT OF PUBLIC HEALTH
STD ASSESSMENT RECORD
FEMALE

PHALCON LABEL

Name _____ CHR # _____

SSN _____ Race _____ DOB _____

Med# _____ Sex _____ Date _____

Address _____ Phone _____

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Age: _____

Chaperone Name/#: _____ ☐ N/A Translator Name/#: _____ ☐ N/A

REASON FOR VISIT

☐ Vol. ☐ M.D. Referral Contact: ☐ GC ☐ CT ☐ Syphilis ☐ HIV ☐ TV

☐ Positive Test _____
Type Facility Date

Symptoms: ☐ Yes ☐ No Other: _____

CHIEF COMPLAINT

_____

_____

_____

HPI ❑ PAST MEDICAL RECORDS/HISTORY REVIEWED ❑ SELF-HISTORY SHEET REVIEWED

ABSENT	PRESENT	PERTINENT ROS
☐	☐	Discharge
☐	☐	Itching
☐	☐	Dysuria
☐	☐	Lower ABD Pain
☐	☐	Lesions
☐	☐	Irregular Bleeding
☐	☐	Rash
☐	☐	Other_____

PAST STD'S TREATED/DATE
☐ Gonorrhea_____
☐ Syphilis_____
☐ Chlamydia_____
☐ Yeast _____
☐ Trich _____
☐ BV _____
☐ Chancroid _____
☐ PID
☐ Herpes
☐ None
☐ Warts
☐ HIV
☐ Other

PARTNER HISTORY
☐ Male ☐ Female ☐ Both
Drug History: ☐ Yes ☐ No
STD History: ☐ Yes ☐ No
Multi. Partners: ☐ Yes ☐ No
No. in past 90 days_____
New: ☐ Yes # ___ ☐ No
Last Exposure: _____ (ago)
Condom Use: ☐ Yes ☐ No

EXPOSURE SITES
☐ Genital ☐ Anal ☐ Oral

ALLERGIES
Penicillin ☐ Yes ☐ No
Other (If YES, list) ☐ Yes ☐ No
_____
_____

CURRENT MEDS (ANTIBIOTICS)
☐ Yes ☐ No
(If YES, list)
_____
Drug History:
☐ Yes ☐ No
ETOH History:
☐ Yes ☐ No

OB/GYN HISTORY
☐ None
☐ Pill
☐ IUD
☐ Implant
☐ Depo Date: _____
☐ Other
☐ Douche Date: _____
LMP:
Pregnant: ☐ No ☐ Yes
Pap Date: _____
Pap Result: _____
Breast feeding: ☐ No ☐ Yes

EXAM - GENERAL APPEARANCE _____ MOOD _____

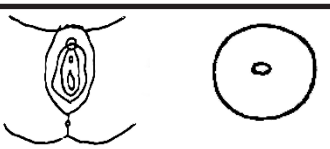
☐ Deferred
☐ Refused
BP_____
Wt _____
Ht _____

☐ Y ☐ N Skin Abnl
☐ Y ☐ N Nodes Abnl
☐ Y ☐ N Oral Cavity Abnl
☐ Y ☐ N Discharge:
Amount ☐ Small ☐ Mod ☐ Large
Color ☐ Clear ☐ White ☐ Mucoid
☐ Muco Purulent ☐ Bleeding

☐ Y ☐ N Pubic Area Abnl
☐ Y ☐ N Vulva/Urethra Abnl
☐ Y ☐ N Vagina Abnl
☐ Y ☐ N Cervix Abnl
☐ Y ☐ N Anal/Rectal Abnl

SCREENING PELVIC
☐ Y ☐ N Cx Motion Tenderness
☐ Y ☐ N ABD Rebound Tenderness
* ☐ Y ☐ N Adnx Tenderness R/L
* ☐ Y ☐ N Adnx Mass R/L
* ☐ Y ☐ N Uterus Abnl
***NP or MD only.**

ABNORMAL FINDINGS (Describe if applicable)



❑ PLAN PER PROTOCOL

LAB
☐ CT/GC/TV
☐ Urine
☐ Cervical Swab
☐ Urethral Swab
☐ CT/GC
☐ Rectal
☐ Oral/Pharyngeal Swab
☐ HIV
☐ Syphilis - EIA
☐ Chancroid Cult.
☐ VDRL
☐ TP-PA
☐ Pregnancy Test ☐ POS ☐ NEG
☐ STAT RPR ☐ R ☐ NR ☐ UNSAT
Time _____ Signature _____
☐ Wet Prep | Whiff ☐ POS ☐ NEG ☐ NOT DONE
WBC-_____/hpf Clue Cell _____
Yeast_____ Trich _____
Other _____
Time _____ Signature _____
☐ TB Skin Test (Adm by:) _____
Reading _____ mm
☐ Other _____
☐ Refused

IMPRESSIONS:
☐ Gonorrhea
☐ Syphilis
☐ Primary
☐ Secondary
☐ Early Latent
☐ Late Latent / unknown duration
☐ Chlamydia
☐ MPC
☐ PID
☐ Herpes
☐ Chancroid
☐ Warts (HPV)
☐ Pediculosis
☐ Scabies
☐ Yeast
☐ Trich
☐ Cervicitis
☐ BV
☐ Contact _____
☐ Other _____
☐ No STD; lab pending

THERAPY:
☐ Rocephin 250 mg IM Site: _____
☐ Bicillin L.A. 2.4 m.u. x ____
Dose #: _____ Site: _____
☐ Doxycycline 100 mg BID x _____ days
☐ Erythromycin 500 mg QID x _____ days
☐ Erythromycin 250 mg QID x _____ days
☐ Metronidazole 500 mg BID x _____ days
☐ Metronidazole 2 gms P.O. STAT
☐ Azithromycin 1 gm P.O. STAT
☐ Azithromycin 2 gm P.O. STAT
☐ TCA/Podophyllin _____ Dose #:_____
☐ Acyclovir_____
☐ Other _____
☐ PDPT _____ CT # of Packages _____
☐ PDPT _____ TV # of Packages _____

Adm by:_____

❑ COUNSELING/GREATER THAN 50% FACE TO FACE TIME SPENT COUNSELING

THERAPY
☐ Administration
☐ Contraindications
☐ Side Effects
☐ PIL

FOLLOW UP
☐ None
☐ Referral
☐ Appt. to Return
Date: _____

PREVENTION
☐ Temporary Abstinence
☐ Condoms
☐ Partner Notification Letter/Card
☐ PDPT ____ CT ____ TV ____

Interviewer:_____

Examiner:_____

DIS Interviewer #:_____

CHR 12C-1

ALABAMA DEPARTMENT OF PUBLIC HEALTH
STD ASSESSMENT RECORD
MALE

PHALCON LABEL

Name _____ CHR # _____

SSN _____ Race _____ DOB _____

Med# _____ Sex _____ Date _____

Address _____ Phone _____

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Age: _____

Chaperone Name/#: _____ ☐ N/A Translator Name/#: _____ ☐ N/A

REASON FOR VISIT

☐ Vol. ☐ M.D. Referral Contact: ☐ GC ☐ CT ☐ Syphilis ☐ HIV ☐ TV

☐ Positive Test _____
Type Facility Date

Symptoms: ☐ Yes ☐ No Other: _____

CHIEF COMPLAINT

_____

_____

_____

HPI ❑ PAST MEDICAL RECORD/HISTORY REVIEWED ❑ SELF-HISTORY SHEET REVIEWED

ABSENT	PRESENT	PERTINENT ROS
☐	☐	Dysuria
☐	☐	Lesions
☐	☐	Discharge
☐	☐	Rash
☐	☐	Testicular Pain
☐	☐	None
☐	☐	Other_____

PAST STD'S TREATED/DATE
- ☐ GC_____
- ☐ Syphilis_____
- ☐ Warts _____
- ☐ Chlamydia_____
- ☐ Herpes _____
- ☐ Chancroid_____
- ☐ HIV _____
- ☐ NGU _____
- ☐ Trich _____
- ☐ Other_____
- ☐ None

PARTNER HISTORY
☐ Male ☐ Female ☐ Both
Pregnancy: ☐ Yes ☐ No
Drug History: ☐ Yes ☐ No
STD History: ☐ Yes ☐ No
Multi. Partners: ☐ Yes ☐ No
No. in past 90 days_____
New: ☐ Yes#___ ☐ No
Last Exposure: _____ (ago)
Condom Use: ☐ Yes ☐ No

EXPOSURE SITES
☐ Genital ☐ Anal ☐ Oral

ALLERGIES
Penicillin ☐ Yes ☐ No
Other (If YES, list) ☐ Yes ☐ No
_____
_____

CURRENT MEDS (ANTIBIOTICS)
☐ Yes ☐ No
If Yes, List: _____

Drug History:
☐ Yes ☐ No
ETOH History:
☐ Yes ☐ No

EXAM - GENERAL APPEARANCE _____ MOOD _____

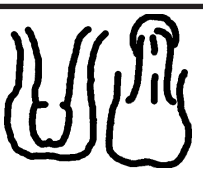
☐ Deferred
☐ Refused

BP_____
Wt _____
Ht _____

☐Y ☐N Skin Abnl
☐Y ☐N Nodes Abnl
☐Y ☐N Oral Cavity Abnl
☐Y ☐N Pubic Area Abnl
☐Y ☐N Penis Abnl
☐Y ☐N Scrotum/Epidid/Testes/Abnl
☐Y ☐N Anal/Rectal Abnl

☐Y ☐N Urethral D/C
Amount: ☐ Small ☐ Moderate ☐ Large
Color: ☐ Clear ☐ White ☐ Purulent

ABNORMAL FINDINGS (Describe if applicable)



❑ PLAN PER PROTOCOL

LAB

☐ CT/GC/TV
☐ Urine
☐ Urethral Swab
☐ HIV
☐ Syphilis - EIA
☐ CT/GC
☐ Rectal
☐ Oral/Pharyngeal Swab
☐ Chancroid Cult.
☐ VDRL
☐ TP-PA

☐ STAT RPR ☐ R ☐ NR ☐ UNSAT
Time _____ Signature _____

☐ TB Skin Test (Adm by): _____
Reading _____ mm

☐ Other _____

☐ Refused

IMPRESSIONS:
- ☐ Gonorrhea
- ☐ Syphilis
  - ☐ Primary
  - ☐ Secondary
  - ☐ Early Latent
  - ☐ Late Latent / unknown duration
- ☐ Chlamydia
- ☐ Herpes
- ☐ Chancroid
- ☐ Warts (HPV)
- ☐ Pediculosis
- ☐ Scabies
- ☐ Trich
- ☐ Urethritis
- ☐ Epididymitis
- ☐ Contact _____
- ☐ Other _____
- ☐ No STD; lab pending

THERAPY:
- ☐ Rocephin 250 mg IM Site: _____
- ☐ Bicillin L.A. 2.4 m.u. x ____
  Dose #: _____ Site: _____
- ☐ Doxycycline 100 mg BID x _____ days
- ☐ Erythromycin 500 mg QID x _____ days
- ☐ Erythromycin 250 mg QID x _____ days
- ☐ Metronidazole 500 mg BID x _____ days
- ☐ Metronidazole 2 gms P.O. STAT
- ☐ Azithromycin 1 gm P.O. STAT
- ☐ Azithromycin 2 gm P.O. STAT
- ☐ TCA/Podophillin _____ Dose # _____
- ☐ Acyclovir_____
- ☐ Other _____
- ☐ PDPT _____ CT # of Packages _____
- ☐ PDPT _____ TV # of Packages _____

Adm by:_____

❑ COUNSELING/GREATER THAN 50% FACE TO FACE TIME SPENT COUNSELING

THERAPY
☐ Administration
☐ Contraindications
☐ Side Effects
☐ PIL

FOLLOW UP
☐ None
☐ Referral
☐ Appt. to Return
Date: _____

PREVENTION
☐ Temporary Abstinence
☐ Condoms
☐ Partner Notification Letter/Card

☐ PDPT ____ CT ____ TV ____

Interviewer:_____

Examiner:_____

DIS Interviewer _____

CHR 12C-2