Gonorrhea

Orpheus ID | County

Date investigation initiated or assigned ____/____/____ Assigned to:__________________ ☐ confirmed ☐ presumptive
Date reported to local health department ____/____/____ ☐ suspect ☐ no case

Completed by ______________________________ Date Completed ____________ Phone ______________

CASE CONTACT INFORMATION

Name ____ Phone(s) ______________________________
Last, First, Middle (aka) home / cell / work / message

Address ____
Street City Zip

______________________________ language spoken ______________________________

ALTERNATE CONTACT: ☐Parent ☐ Spouse ☐ Household Member ☐ Friend ☐ ______________________

Name ____ Phone(s) ______________________________
home / cell / work / message

Address ____
Street City Zip

DEMOGRAPHICS

DATE OF BIRTH ____/____/____

or, if unknown, AGE ______

SEX ☐ female ☐ male ☐ trans-MTF ☐ trans-FTM

Country of birth ________________

Worksite/School ________________

HISPANIC ☐ yes ☐ no ☐ unknown ☐ declined

RACE
☐ White ☐ Black ☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ American Indian or Alaska native
☐ refused to answer ☐ unknown

Case reported by:

____
Name, phone, other contact info

Health care provider (if different):

____
Name, phone, other contact info

☐ OK to contact patient (only list once)

BASIS OF DIAGNOSIS (FROM PROVIDER OR LABORATORY)

CLINICAL DATA

Diagnosis date ____/____/____
Symptomatic? ☐ yes ☐ no ☐unknown
if yes, onset date (first s/s) ____/____/____
Pregnant ☐ no ☐ yes
(due dt.)____/____/____ *or* (# weeks)__________

Reason for testing (check all that apply)

☐ symptomatic
☐ routine exam/check-up
☐ pregnant
☐ sex with infected person
☐ DIS/health department referrral
☐ special screening program
☐ patient request
☐ cluster

Y	N	R	U	Common symptoms of gonorrhea
☐	☐	☐	☐	pain or burning on urination
☐	☐	☐	☐	vaginal or penile discharge
☐	☐	☐	☐	pelvic or abdominal pain
☐	☐	☐	☐	testicular pain
☐	☐	☐	☐	rectal pain
☐	☐	☐	☐	genital itch
☐	☐	☐	☐	sore throat
☐	☐	☐	☐	other (specify) ______________

At the time of infection was the patient also diagnosed with?

Y	N	R	U	
☐	☐	☐	☐	chlamydia
☐	☐	☐	☐	trichomoniasis
☐	☐	☐	☐	genital herpes
☐	☐	☐	☐	genital warts
☐	☐	☐	☐	syphilis

other (specify) ____________

Last HIV Test ___/___
mm yy
☐Ref ☐Unk ☐Never

Result
☐Pos ☐Neg
☐Ref ☐Unk

LABORATORY TESTS

Test 1

Lab Name:____________________ Test Date:______________________________

Specimen: ☐ blood ☐ cervical ☐ urethral ☐ vaginal ☐ rectal ☐ throat ☐ urine ☐ other __________

Test: ☐ culture ☐ NAAT ☐ other ____________________

Result: ☐ pos ☐ neg ☐ indeterminant/equivocal ☐ unknown

Test 2

Lab Name:____________________ Test Date:______________________________

Specimen: ☐ blood ☐ cervical ☐ urethral ☐ vaginal ☐ rectal ☐ throat ☐ urine ☐ other__________

Test: ☐ culture ☐ NAAT ☐ other ____________________

Result: ☐ pos ☐ neg ☐ indeterminant/equivocal ☐ unknown

Test 3

Lab Name:____________________ Test Date:______________________________

Specimen: ☐ blood ☐ cervical ☐ urethral ☐ vaginal ☐ rectal ☐ throat ☐ urine ☐ other __________

Test: ☐ culture ☐ NAAT ☐ other ____________________

PATIENT'S NAME

PATIENT TREATMENT (FROM PROVIDER OR CASE INTERVIEW)

Treatment | size (mg) | dose (tablets/pills) | frequency/duration

Treatment 1 Date: ____/____/____
Drug: ☐ azithromycin ☐ cefixime ☐ ceftriaxone ☐ other____________ | ________________ | ________________ | ________________

Treatment 2 Date: ____/____/____
Drug: ☐ azithromycin ☐ cefixime ☐ ceftriaxone ☐ other____________ | ________________ | ________________ | ________________

Treatment 3 Date: ____/____/____
Drug: ☐ azithromycin ☐ cefixime ☐ ceftriaxone ☐ other____________ | ________________ | ________________ | ________________

PATIENT EXPOSURES AND RISKS (BASED ON CASE INTERVIEW OR FROM PROVIDER IF AVAILABLE)

Interviewed? ☐ yes ☐no Date Interviewed: ________________

Check all that apply: yes (Y); no (N); refused (R); unknown (U)

		Y N R U	
Has the case ever had sex with a male?		☐ ☐ ☐ ☐	
	If yes,		
	Number of male partners in past 12 months ?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	How many were of these were new male partners (with whom the case had never had sex prior to 12 months ago)?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	Number of male partners during past 12 months whom the case doesn't know and whom the case wouldn't know how to contact except by chance?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
Has the case ever had sex with a female?		☐ ☐ ☐ ☐	
	If yes,		
	Number of female partners in past 12 months ?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	How many were of these were new female partners (with whom the case had never had sex prior to 12 months ago)		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	Number of female partners during past 12 months whom the case doesn't know and whom the case wouldn't know how to contact except by chance		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
Has the case ever had sex in exchange for money or drugs?		☐ ☐ ☐ ☐	
Has the case ever used recreational drugs, including intravenous drugs or skin popping?		☐ ☐ ☐ ☐	
During the past 12 months has the case used Internet or phone apps to find new sex partners?		☐ ☐ ☐ ☐	
	If yes,		
	List all sites:		

PATIENT'S NAME ____________

CONTACTS

Ask about contacts (sexual, needle-sharing, etc.) within 60 days of onset or diagnosis if asymptomatic. List below name and contact information for all contacts. Duplicate this page as necessary., For each contact, complete a copy of the contact interview form (page 4).

☐ **No contacts elicited** ☐ **No contacts initiated**

Date partner named ____/____/____ **Partner age or date of birth** ____/____/____
Sex: ☐ female ☐ male ☐ trans MTF ☐ trans FTM ☐ unknown **Email** ____________
Name ____________ **Phone(s)** ____________
AKA(s) ____________ ____________
Address ____________

Exposure: **1st contact:**_____/_____/_____ **Most recent contact:** _____/_____/_____
Partner type: ☐ sex ☐ needle ☐ both **Frequency:** ☐ once ☐ <5 times ☐ >5 times
Referred by ☐ patient ☐ provider ☐ both **Place/setting/location: (club, bar, party, etc)** ____________
Approx ht________ **Approx wt**_______ **School/work:** ____________
Hair color ☐ Brown ☐ Blond ☐ Red ☐Black ☐ Bald ☐ Other
Skin color ☐ Brown ☐Black ☐ White ☐ Other

Hispanic: ☐ Yes ☐ No ☐ Unk ☐ Ref

Race (*check all that apply*)
☐ White ☐ Black ☐ Asian
☐ American Indian/Alaska Native
☐ Pacific Islander ☐ Refused

Other Notes:

Date partner named ____/____/____ **Partner age or date of birth** ____/____/____
Sex: ☐ female ☐ male ☐ trans MTF ☐ trans FTM ☐ unknown **Email** ____________
Name ____________ **Phone(s)** ____________
AKA(s) ____________ ____________
Address ____________

Exposure: **1st contact:**_____/_____/_____ **Most recent contact:** _____/_____/_____
Partner type: ☐ sex ☐ needle ☐ both **Frequency:** ☐ once ☐ <5 times ☐ >5 times
Referred by ☐ patient ☐ provider ☐ both **Place/setting/location: (club, bar, party, etc)** ____________
Approx ht________ **Approx wt**_______ **School/work:** ____________
Hair color ☐ Brown ☐ Blond ☐ Red ☐Black ☐ Bald ☐ Other
Skin color ☐ Brown ☐Black ☐ White ☐ Other

Hispanic: ☐ Yes ☐ No ☐ Unk ☐ Ref

Race (*check all that apply*)
☐ White ☐ Black ☐ Asian
☐ American Indian/Alaska Native
☐ Pacific Islander ☐ Refused

Other Notes:

Date partner named ____/____/____ **Partner age or date of birth** ____/____/____
Sex: ☐ female ☐ male ☐ trans MTF ☐ trans FTM ☐ unknown **Email** ____________
Name ____________ **Phone(s)** ____________
AKA(s) ____________ ____________
Address ____________

Exposure: **1st contact:**_____/_____/_____ **Most recent contact:** _____/_____/_____
Partner type: ☐ sex ☐ needle ☐ both **Frequency:** ☐ once ☐ <5 times ☐ >5 times
Referred by ☐ patient ☐ provider ☐ both **Place/setting/location: (club, bar, party, etc)** ____________
Approx ht________ **Approx wt**_______ **School/work:** ____________
Hair color ☐ Brown ☐ Blond ☐ Red ☐Black ☐ Bald ☐ Other
Skin color ☐ Brown ☐Black ☐ White ☐ Other

Hispanic: ☐ Yes ☐ No ☐ Unk ☐ Ref

Race (*check all that apply*)
☐ White ☐ Black ☐ Asian
☐ American Indian/Alaska Native
☐ Pacific Islander ☐ Refused

Other Notes:

Date partner named ____/____/____ **Partner age or date of birth** ____/____/____
Sex: ☐ female ☐ male ☐ trans MTF ☐ trans FTM ☐ unknown **Email** ____________
Name ____________ **Phone(s)** ____________
AKA(s) ____________ ____________
Address ____________

Exposure: **1st contact:**_____/_____/_____ **Most recent contact:** _____/_____/_____
Partner type: ☐ sex ☐ needle ☐ both **Frequency:** ☐ once ☐ <5 times ☐ >5 times
Referred by ☐ patient ☐ provider ☐ both **Place/setting/location: (club, bar, party, etc)** ____________
Approx ht________ **Approx wt**_______ **School/work:** ____________
Hair color ☐ Brown ☐ Blond ☐ Red ☐Black ☐ Bald ☐ Other
Skin color ☐ Brown ☐Black ☐ White ☐ Other

Hispanic: ☐ Yes ☐ No ☐ Unk ☐ Ref

Race (*check all that apply*)
☐ White ☐ Black ☐ Asian
☐ American Indian/Alaska Native
☐ Pacific Islander ☐ Refused

Other Notes:

Complete a copy of this page for EVERY partner interviewed.

PARTNER'S NAME ____________________

PARTNER EXPOSURES AND RISKS (BASED ON CASE INTERVIEW OR FROM PROVIDER IF AVAILABLE)

Interviewed? ☐ yes ☐no Date Interviewed: __________________

Check all that apply: yes (Y); no (N); refused (R); unknown (U)

		Y N R U	
Has the contact ever had sex with a male?		☐ ☐ ☐ ☐	
	If yes,		
	How many different males has contact had sex with during preceding 12 months?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	With how many of these male partners during the previous 12 months did contact have oral, anal or vaginal sex without using a condom?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
Has contact ever had sex with a female?		☐ ☐ ☐ ☐	
	If yes,		
	How many different females has contact had sex with during previous 12 months?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
	With how many of these female partners during the previous 12 months did contact have oral, anal or vaginal sex without using a condom?		☐ 1 ☐ 2–5 ☐ >5 ☐ R ☐ U
Has contact ever had sex in exchange for drugs or money?		☐ ☐ ☐ ☐	
Has contact ever been tested for HIV?		☐ ☐ ☐ ☐	
	If yes,		
	Result		☐ Pos ☐ Neg ☐ Indeterminat ☐ Unk ☐ Ref
	Approximate month and year of last test ____________________		
Do you ever find sex partners on the Internet?		☐ ☐ ☐ ☐	
	If yes,		
	List the sites____________________		
At which of the following locations has contact had sex during the previous 12 months?		☐ Home or private residence ☐ Sex party ☐ Bathhouse ☐ Bookstore ☐ Club ☐ Public setting (e.g., park) ☐ Festival or rave ☐ Other ☐ Refused	

LABORATORY TESTS (FROM PROVIDER OR PARTNER INTERVIEW)

Complete a copy of this page for every partner interviewed

Test

Test 1 Collection date: ____/____/____
Source: ☐ cervix ☐ throat ☐rectum ☐urine ☐urethra ☐ other __________
Type: ☐ culture ☐ nucleic acid amplicification test ☐ other _____________
Result: ☐ positive ☐negative ☐ indet. ☐ unk

Test 2 Collection date: ____/____/____
Source: ☐ cervix ☐ throat ☐rectum ☐urine ☐urethra ☐ other __________
Type: ☐ culture ☐ nucleic acid amplicification test ☐ other _____________
Result: ☐ positive ☐negative ☐ indet. ☐ unk

PARTNER TREATMENT (FROM PROVIDER OR PARTNER INTERVIEW)

Treatment	size (mg)	dose (tablets/pills)	frequency/duration
Treatment 1 Date: ____/____/____			
Drug: ☐ azithromycin ☐ cefixime ☐ ceftriaxone ☐ other____________	__________________	__________________	__________________
Treatment 2 Date: ____/____/____			
Drug: ☐ azithromycin ☐ cefixime ☐ ceftriaxone ☐ other____________	__________________	__________________	__________________

DISPOSITION

- ☐ A -Preventive Treatment
- ☐ B - Refused Preventive Treatment
- ☐ C - Infected, Brought to Treatment
- ☐ D - Infected, Not Treated
- ☐ E - Previously Treated for tthis Infection
- ☐ F - Not Infected
- ☐ G - Insufficient Information to Begin Investigation
- ☐ H - Unable to Locate
- ☐ J - Located, Refused Examination
- ☐ K - Out of Jurisdiction
- ☐ L - Other
- ☐ M - Reverse Contact Link

COMMENTS