



MCI#: _____ AGENCY/PRACTICE Name: _____ Collection Date: _____

Name: _____
 (Print Clearly) _____
 (Last) _____ (First)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

(Check all that apply):

Race: American Indian or Alaskan Native Asian Black **Gender:** Female
 Native Hawaiian or Pacific Islander Other Race White Male
Partner Gender: M F Both

Ethnicity: Hispanic Non-Hispanic Unknown **Visit Type:** FP STD

Reason for Test: STD Screening Annual STD Symptoms Suspected STD contact Known STD contact Other

Clinician (Name and ID#): _____ **ICD-9:** _____

Insurance Status: Private Medicaid-Delaware Physician's Care, Inc. Medicaid-Diamond State
 Medicaid-Fee for Service Uninsured Unknown Medicaid # _____

TEST REQUESTED

Microbiology

- Chlamydia and GC DNA Amplification: Cx / Urethra / Urine
- Syphilis - RPR
- Syphilis - Confirmatory TPPA (includes RPR)
- Syphilis - FTA (Sent Out)
- Syphilis - VDRL (CSF Only)
- Gonorrhea Culture - Source: _____
- Urine Culture
- Throat for Strep Only
- Bacterial Culture (Misc., wound, genital, respiratory)
Source: _____
- Stool Culture
- Stool Culture to Rule Out Salmonella / Shigella
- Ova and Parasites
- Serotype Organism: _____ Source: _____
- AFB Culture and Smear Source: _____
- AFB Smear Only Source: _____
- Quantiferon

Virology

- Viral Culture Source: _____
- Herpes Culture Source: _____
- Influenza Source: _____
- HIV / Confirmation
- Organism Isolate Source: _____
- CSF Culture
- WNV IgM
- HSV Serology
- Hepatitis B Antibody
- Other: _____

Other

- Blood Lead Confirmation
- Hgb S (Sickle Cell Screen)

GONORRHEA / CHLAMYDIA DNA AMPLIFICATION QUESTIONS FOR YOUTH THROUGH AGE 18

#Sexual partners during past 6 months? _____
 Had STD education in school? Yes No
 Past history Syphilis? Yes No
 Past history Chlamydia? Yes No
 Past history Gonorrhea? Yes No
 Past history other STD? Yes No
 Females-history of previous PID? Yes No
 Females-previous pregnancy? Yes No
 Under influence of drugs or alcohol during last sexual encounter? Yes No
 Used a condom last sexual encounter? Yes No

Check Contraceptive Method Used in Last Sexual Encounter:

- Abstinence
- Condom
- Condom and Spermicides
- Diaphragm
- Injectable contraceptive
- IUD
- Oral Contraceptive
- Spermicides
- No Method
- Other _____