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FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

TO REPORT STD CONTACT: Elsie Belizaire 772-462-3804 Fax: 772-873-8591 Or HIV/AIDS Patricia Weiner 772-462-3875

PROVIDER INFORMATION

DATE REPORTED _____

Physician/Provider Name _____

Person Reporting (Print Name) _____

Address _____

Telephone _____

City _____

State _____

Zip code _____

County _____

PATIENT INFORMATION

Medical Record #: _____

Name: _____ DOB: _____ Gender: Male Female

SSN: _____ Marital Status: _____

Race: White Black Asian/Pacific Islander American Indian/Pacific Islander Ethnicity: Hispanic Non-Hispanic

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Alternate Phone: _____

If female, pregnancy status: Not Pregnant Pregnant LMP _____ EDD _____ Weeks _____

OB Provider: _____

Most Recent HIV Test Date: _____ Result: Positive Negative

Facility Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Employer Name: _____ Phone: _____

Spouse/Partner Name: _____ Age/DOB: _____

Address: _____ Phone: _____

If pregnant, was partner treated? YES NO Treatment: _____ Date of Treatment: _____

Table with 3 columns: CHLAMYDIA, GONORRHEA, SYPHILIS. Each column contains treatment options and a 'PLEASE ATTACH LAB*' checkbox.

Comments: _____

TO REPORT A SEXUALLY TRANSMITTED DISEASE PHONE OR FAX: AREA 15 SURVEILLANCE DEPARTMENT, FLORIDA DEPARTMENT OF HEALTH IN ST LUCIE COUNTY 5150 NW MILNER DR. PORT ST. LUCIE, FL 34983 PHONE: (772) 462-3815 CONFIDENTIAL FAX: (772) 873-8591

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