

# CONFIDENTIAL STD MORBIDITY REPORT FORM



Houston Department of Health and Human Services  
 ATTN: Bureau of Epidemiology – STD Surveillance 4<sup>th</sup> floor  
 8000 North Stadium Drive Houston, Texas 77054  
 Tel: (832)393-5080 Fax: (832)393-5233



Reported by: \_\_\_\_\_ Facility/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT DEMOGRAPHIC DATA

Last Name \_\_\_\_\_ First Name, MI \_\_\_\_\_  
 DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_  
 Race \_\_\_\_\_ Hispanic  Y  N

Address \_\_\_\_\_ Home Phone ( ) --  
 City, State Zipcode \_\_\_\_\_ Other Phone ( ) --  
 Emergency Contact Name \_\_\_\_\_ Contact Phone ( ) --

Marital Status  Single  Married  Divorced  Widowed  Unknown  
 Pregnancy Status  N/A  No  Yes (Expected delivery date \_\_\_/\_\_\_/\_\_\_)  Unknown (Last menstrual date \_\_\_/\_\_\_/\_\_\_)

Reason for Test (STD related, prenatal, immigration, etc): \_\_\_\_\_

## DISEASE DATA

Check Reportable Disease(s)  
 Syphilis  Gonorrhea  Chlamydia  Chancroid

List Signs and Symptoms: \_\_\_\_\_

Check Voluntary Disease(s)  
 Genital Herpes  Genital Warts  Non-specific Urethritis  Pelvic Inflammatory Disease  
 Trichomoniasis  Other non-specific Vaginitis  Mucopurulent Cervicitis  Other \_\_\_\_\_

## LABORATORY DATA

Date of Collection/Test	Diagnostic Test	Results	Laboratory

## TREATMENT INFORMATION

Prior History of Treatment  Yes  No  Unknown      Date of Previous Treatment \_\_\_/\_\_\_/\_\_\_  
 Method of Prior Treatment \_\_\_\_\_

### CURRENT TREATMENT INFORMATION:

Date (s) of Treatment	Method of Treatment / Dose	Provider

**Notes/Comments/Patient History/Risk Factors:**

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