

CONFIDENTIAL STD MORBIDITY REPORT FORM



Houston Department of Health and Human Services
 ATTN: Bureau of Epidemiology – STD Surveillance 4th 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:
