



# NEW MEXICO SEXUALLY TRANSMITTED DISEASE MORBIDITY FORM

## PATIENT DEMOGRAPHIC DATA

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ PHONE (Home/Cell): \_\_\_\_\_ (Work): \_\_\_\_\_  
 SEX ASSIGNED AT BIRTH:  Male  Female CURRENT GENDER IDENTITY:  M  F  Trans/MTF  Trans/FTM  Other \_\_\_\_\_  
 RACE (Check all that apply):  White  Black  Native American  Asian  Native Hawaiian/Pacific Islander  Other  Unknown  
 ETHNICITY:  Hispanic  Non-Hispanic  Unknown MARITAL STATUS:  Single  Married  Partnered  Unknown

## DISEASE DATA

CHECK REPORTABLE DISEASES:

**SYPHILIS**  
 PRIMARY  
 SECONDARY  
 Early Non-Primary/Non-Secondary  
 Late Latent or Unknown  
 Neuro Involvement  Yes  No  
 Optic Involvement  Yes  No  
 Otic Involvement  Yes  No

**GONORRHEA**  
 Uncomplicated Asymptomatic  
 Uncomplicated Symptomatic  
 SALPINGITIS  
 EPIDIDYMITIS

**CHLAMYDIA**  
 PID  YES  NO  
 CHANCROID  
 Other Untreated STD \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_ SYMPTOM onset (Date): \_\_\_\_\_

## MEDICAL INFORMATION

NAME OF FACILITY: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TOWN/ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF TEST COLLECTION	DIAGNOSTIC TEST	RESULTS	SPECIMEN SOURCE	LABORATORY NAME

## TREATMENT INFORMATION

DATE OF TREATMENT	TREATMENT/DRUG	DOSE/AMOUNT	NAME AND TITLE OF CLINICIAN

IS PATIENT PREGNANT? YES  NO  UNKNOWN  ESTIMATED DUE DATE: \_\_\_\_\_  
 PATIENT on PrEP? YES  NO  WAS PrEP OFFERED/PRESCRIBED? YES  NO   
 WAS EXPEDITED PARTNER THERAPY PROVIDED FOR SEXUAL PARTNER(S)? YES  NO   
 IF EPT WAS PROVIDED, HOW MANY DOSES WERE GIVEN? \_\_\_\_\_  
 PHYSICIANS COMMENTS: \_\_\_\_\_

New Mexico Revised Statutes 12-3-5, 1, Health Department Regulations Art. 1, 24-1-7 and New Mexico Administrative Code 7.4.3.13 require that patients with laboratory confirmed chlamydia, syphilis and gonorrhea be reported to the New Mexico Department of Health (NMDOH) STD Program within 24 hours.

PLEASE FAX COMPLETED FORM TO:  
**505-476-3638**

FOR CONSULTATION CALL: (505) 476-3636 or (505) 709-7617

This form is available electronically at: <http://nmhealth.org/about/phd/idb/std/>  
 OR by scanning the QR code

