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 Code7.4.3.13 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:

505-207-7991 or

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

10/01/2024