



Scott County Health Department

600 W. 4th Street | Davenport, IA 52801-1030 | P. 563-326-8618 | F. 563-326-8774
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STI REPORTING FORM

CLIENT DEMOGRAPHICS

Last Name: _____ First Name: _____
(Please print) (Please print)

Date of Birth: ____ / ____ / ____ Sex: ☐ Male ☐ Female ☐ Decline Marital Status: ☐ S ☐ M ☐ W ☐ D ☐ Sep

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Race: ☐ White ☐ African American ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown Pregnant: ☐ Yes [Due Date: _____] ☐ No ☐ Unknown

EXAM – TEST INFORMATION

Medical Facility: _____ Provider Phone: _____

Ordering Provider: _____

Test Collection Date: ____ / ____ / ____ Lab: ☐ Quest ☐ LabCorp ☐ SHL ☐ Other: _____

Positive STD Test: ☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ HIV [Report HIV results directly to (563) 326-8618]

Specimen Source: ☐ Cervix ☐ Vaginal ☐ Urethra ☐ Urine ☐ Pharyngeal ☐ Rectal ☐ Blood

Symptom(s) Reported: ☐ None ☐ Discharge ☐ Odor ☐ Dysuria ☐ Itching ☐ Abd pain ☐ Other _____

HIV Test Performed? ☐ Yes ☐ No Result: ☐ Pos ☐ Neg Syphilis Test Performed? ☐ Yes ☐ No Result: ☐ Pos ☐ Neg

Is Client Currently on PrEP to prevent HIV? ☐ Yes ☐ No ☐ Didn't ask

TREATMENT

Prescribed Medication(s):

- ☐ Azithromycin 1 gm PO
- ☐ Doxycycline 100mg PO BID x 7 days
- ☐ Ceftriaxone / Rocephin 500mg IM
- ☐ Cefixime / Suprax 800mg PO

Other Prescribed Medication(s):

Expedited Partner Therapy (EPT): Yes / No
of EPT partners: _____

Treatment Date: ____ / ____ / ____ Reason not treated: _____

Date faxed: _____ Staff's Initials: _____

Please fax this report to SCHD Sexual Health Program: (563) 326-8774