

Wyoming Department of Health: STD/VIRAL HEPATITIS DISEASE REPORTING FORM

DEMOGRAPHICS						
NAME: LastFirst	MI	GENDER: □M □F	- □⊤ .	AGE:	DATE OF BIRTH:	
PREFERRED NAME/AKA Maide	n	PHONE: Home/Cell			mail:	
		Zip:		MARTIAL STATUS:		
CURRENTLY INSTITUITIONALIZED: □Y □N Facilit			- U	Married □Separated Domestic Partner □ Unknown		
RACE:			LABORATOR	RY INFORMATION		
□American Indian/Alaska Native □Asian	□Refused Rep	orting Laboratory Facility:				
□Black or African American □ White/Cau	casian Ado	ress:	City:		_ State:Zip:	
☐Pacific Islander/Native Hawaiian ☐ Unknown	Pers	Person Reporting: Phone: Phone: Specimen Source: Collection Date: Result Date:				
ETHNICITY:	Spe	cimen Source:	Collection	Date:	Result Date:	
□Hispanic/Latino □Non-Hispanic/Latino			DDO\/IDEB	RINFORMATION		
□Unknown □Refused PREGNANCY: □Y □N □Unknown	Ran	orting Provider:				
Due Date:	Ado	ress.	City		State: 7in:	
ENGLISH SPEAKING: □Y □N □Unknown	Per	son Reporting:		Phone:	State: Zip: Result Date:	
Primary Language:	Spe	cimen Source:	Collection	Date:	Result Date:	
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SEXUALLY TRANSMITTED DISEASE AND VIRAL HEP	ATITIS DISEAESE SYN	1PTOMS:				
(Please check disease being reported)	ONS	SET OF SYMPTOMS:				
☐ Chlamydia ☐ Gonorrhea ☐ Treated not to						
☐Syphilis (Please clarify stage if known)		SON FOR SCREENING:				
□Primary □Secondary □Early latent (< 1 year) □Late latent (>1 year)		elvic Pain		y-colored Stool	☐ Night Sweats☐ Fever	
□Acute Hepatitis B □Chronic Hepatitis B		enile Pain			☐ Lesion	
□Acute Hepatitis C □Chronic Hepatitis C		Dysuria		normal Bleeding	☐ Palmar/Plantar Rash	
PATIENT TREATMENT (Medication given, date of treatment):						
PATIENT TREATIVIENT (IVICUICATION given, date of treatment).						
PARTNER TREATMENT (Name, DOB, Address, medication given, date of treatment):						
RISK FACTORS # of sex partners (lifeti	me)	# of sex partners (<90 days)				
Sex with: ☐ Male ☐ Female ☐ Both	□ Anonymous Partner	r Injection Drug Use (Even One		☐ Yes ☐ No ☐ Unknown☐ Refused		
Condom Use: ☐ Never ☐ Always ☐ Son	netimes 🛘 Refused	Recent Surgery		☐ Yes ☐ No ☐ Unknown☐ Refused		
Body Piercing ☐ Yes ☐ No ☐ UnknownI	☐ Refused	Blood Transfusion/ Organ Tr		s □ Yes □	☐ Yes ☐ No ☐ Unknown☐ Refused	
Tattoo ☐ Yes ☐ No ☐ UnknownI	☐ Refused			☐ Yes ☐	☐ Yes ☐ No ☐ Unknown☐ Refused	
Prior STD infection						