

## KANSAS SEXUALLY TRANSMITTED INFECTION CASE REPORT FORM

In accordance with K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18.

<b>Today's Date:</b>		<b>Patient's DOB:</b>	
<b>Patient's Name:</b>			
	(Last)	(First)	(Middle)
<b>Home Phone:</b>		<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Residential Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Ethnicity:</b>		<b>Race:</b>	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
<b>Pregnancy Status:</b> <small>(Females Only)</small>		<b>HIV Status:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unknown/Did Not Ask	
		<b>Gender of Sex Partners:</b> <small>(check all that apply)</small>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown/Did Not Ask	
<b>Infection Being Reported:</b> <small>(check all that apply)</small>		<b>Physician Name:</b>	
<input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis			
		<b>Physician Phone:</b>	
<b>Name of Laboratory:</b>		<b>Name of Test Performed:</b>	
<b>Specimen Collection Date:</b>		<b>Results of Test:</b>	
		<b>Date Reported to You:</b>	
<b>TREATMENT INFORMATION</b>			
<b>Date of Treatment:</b>			
<b>Treatment Type and Dosage:</b>			
<input type="checkbox"/> Ceftriaxone 500mg <sup>2</sup>		<input type="checkbox"/> Azithromycin 1g	
<input type="checkbox"/> Benzathine Pencillin G L.A. 2.4 mu		<input type="checkbox"/> Benzathine Pencillin G L.A. 2.4mu X 3	
<input type="checkbox"/> Other: <b>Please specify drug &amp; dosage:</b>			

Please fax reports to the Kansas Department of Health & Environment, STI/HIV Section at:  
**Fax: 785-559-4225 Phone: 785-296-6174**