



**Maine Department of Health and Human Services**  
**Center for Disease Control and Prevention \***  
**Sexually Transmitted Disease Case Report**  
**For information and epidemiologic assistance call: 287-3747**  
**FAX this completed form to STD Surveillance: 287-3498**

Patient's Name:		Patient Phone:		Date of Report:	
Patient Address				DOB	
City or Town		State	Zip	Sex ___ Male      ___ Female	
Race (check all that apply) ___ White ___ Black/Af Am ___ Am Ind/Ala Nat ___ Asian ___ Nat Haw/Pac Islander ___ Two or more races ___ Some other race		Disease (check all that apply) ___ Gonorrhea ___ Chlamydia ___ Chancroid ___ Syphilis (check stage) Primary ___ Secondary ___ Early Latent ___ Late Latent ___ ___ Other		Patient Marital Status: ___ Single      ___ Married ___ Separated      ___ Divorced ___ Domestic Partner      ___ Widowed	
Ethnicity ___ Hispanic/Latino ___ Non-Hispanic/Latino				Check if you need: ___ Health Department Assistance	
Reporting Physician:				Report Completed by:	
Physician Address:				Physician Phone:	
Reason for Exam (check all that apply) ___ Pre-natal ___ Routine Screen      ___ Contact ___ Symptomatic If yes, how long?				<b>Is Patient Pregnant?</b> ___ Yes      ___ No <b>How many weeks?</b> _____ Treatment	
Lab Name _____ Lab Phone _____				Was Patient Treated for Infection(s) ___ Yes      ___ No	
Date	Type of Test (Serology, Urine, DNA Probe)	Results		Medication Used and Amount	Date

<b>Partner Information</b> (if known)					
Partner Name:		Partner Phone:		DOB	
Partner Address				Race (check all that apply) ___ White ___ Black Af/Am ___ Asian ___ Am Ind/Ala Nat ___ Nat Haw/Pac Isl ___ Two or more races ___ Some other race	
City or Town		State	Zip	Ethnicity ___ Hispanic/Latino ___ Non-Hispanic/Latino	
Partner was : Tested ___ Yes ___ No					
Partner was : Treated ___ Yes ___ No					
Date	Type of Test (Serology, Urine, DNA Probe)	Results		Medication Used and Amount	Date

\* For Information on other Notifiable Conditions or Disease Reporting, please call (800) 821-5821  
 \* For Complete Rules For The Control Of Notifiable Conditions, please visit:  
<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml>