



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

(517)-546-9850 www.lchd.org

STD Reporting Form

Please complete the following information and fax to the Livingston County Health Department (LCDH) at **517-545-9685** (secured fax):

Patient Name: _____ Date of Birth: _____

Gender: Male Female

Patient Address: _____

Patient Phone: _____

Chlamydia result: _____ Date specimen collected: _____

Gonorrhea result: _____ Date specimen collected: _____

Syphilis result: _____ Date specimen collected: _____

HIV Status: positive negative unknown

Gender of Sex Partner/Partners: Male Female Both

Is patient pregnant? Yes No

Is client aware of positive test results? Yes No

Treatment prescribed -- Please check all that apply

Azithromycin 1 gram PO x1 dose _____ **date given** _____

Doxycycline 100mg PO BID x7 days _____ **date given** _____

Ceftriaxone 250mg IM x1 dose _____ **date given** _____

Other _____ **date given** _____

Provider Name & Affiliation (Please print): _____

Phone Number: _____

FOR CHLAMYDIA AND GONORRHEA ONLY: Expedited Partner Therapy (EPT) used?
Yes No how many partners were treated? _____

Patient/Partner must be given "Expedited Partner Therapy: Information Sheet for Patients and Partners available at: <https://bit.ly/1MBTaKS>. Guidance for Health Care Providers-Expedited Parter (EPT) For Chlamydia and Gonorrhea is available at <https://bit.ly/1eG8kJB>.