

## McHenry County Department of Health

Please complete the following form to assist us in our investigation.

The information can be sent to us through our secure fax line at 815-334-1884.

Reported by Dr.'s Name \_\_\_\_\_

Patient's Last Name \_\_\_\_\_ First (& nicknames) \_\_\_\_\_

Address & street \_\_\_\_\_ Apt. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race  White  African American  Asian  Unknown Ethnicity  Hispanic  Non-Hispanic

Sex  Male  Female Martial status  Single  Married Pregnant?  Yes  No If yes, how many weeks? \_\_\_\_\_

Disease  Chlamydia  Gonorrhea  Syphilis Examination date \_\_\_\_\_

Treatment date \_\_\_\_\_

Partner(s) treated? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Date \_\_\_\_\_

Chlamydia

Gonorrhea

\_\_\_\_\_ Azithromycin (Zithromax) 1gm

\_\_\_\_\_ Ceftriaxone (Rocephen) 125mg

\_\_\_\_\_ Doxycycline 100mg BID x 7 days

\_\_\_\_\_ Ceftriaxone (Rocephen) 250mg

\_\_\_\_\_ Doxycycline 100mg BID x 14 days

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

If you are reporting a syphilis case, please call (815) 334-4523 for treatment information.

Thank you for your prompt attention to this matter.