State of California—Health and Human Services Agency

STD Health Department Follow-up

California Department of Public Health

CalREDIE Incident ID

Last Name	First Name	MI	Preferred Name/AKA/Maiden Name/Sur Name

Street Address ☐ Incarcerated - Inmate #: ______ ☐ Homeless	Apt./No.	City	State	ZIP Code

Home Telephone Number	Cell Telephone Number	Work Telephone Number	District/Colonia

Birth Date (mm/dd/yyyy)	Age	Email Address	Chatroom ID

Race:	Ethnicity:	Gender:	Marital Status:	Pregnancy Status:	Gender of Sex Partners: (check all that apply):
☐ W ☐ NH/PI	☐ Hispanic	☐ M ☐ MTF	☐ Single ☐ Living w/ Ptr	☐ Yes EDD: ______	☐ Male ☐ MTF Transgender
☐ B ☐ AI/AN	☐ Non-Hispanic	☐ F ☐ FTM	☐ Married ☐ Domestic Ptr	☐ No	☐ Female ☐ FTM Transgender
☐ A ☐ O/U	☐ Unknown	☐ Other: ______	☐ Separated ☐ Widowed		☐ Unknown ☐ Refused
			☐ Divorced ☐ Unknown	☐ Unknown	

Place of Employment/Hours (or Name of Institution if Incarcerated)

INVESTIGATION INITIATED

Date Investigation Initiated	Date Assigned to Investigator	Initiating Agency	Investigating Agency

REFERRAL TO HEALTH DEPARTMENT

Basis for referral to health department (check only one)

Partner	☐ P1	☐ P2	☐ P3
Suspect	☐ S1	☐ S2	☐ S3
Associate	☐ A1	☐ A2	☐ A3
OOJ/ICCR	☐ O1	☐ O2	☐ O3
Other	☐ PT	☐ HD	☐ CS

If basis for referral is P1-P3, S1-S3, A1-A3, or O1-O2

Notified of possible exposure by: ☐ Self disclosure ☐ Dual disclosure ☐ Anonymous 3rd party notification

Named as a contact during: ☐ Original interview ☐ Re-Interview

Was this client originally initiated as an internet investigation (i.e., screen name and/or email address only provided by the original patient)? ☐ Yes ☐ No ☐ Unknown

First date of exposure to original patient	Frequency of exposure	Last date of exposure to original patient	Original patient ID number

INVESTIGATION OUTCOMES

	Disease being investigated	Disposition	Disposition Date	Diagnosis
#1				
#2				
#3				
#4				

900 TEST & LINKAGE TO CARE

900 TEST HISTORY (may be collected from the patient or the provider)

Did patient know their 900 status prior to this STD diagnosis? ☐ Yes, positive ☐ Yes, negative ☐ No ☐ Refused ☐ Never tested

If positive, month of diagnosis: ______ **Year of diagnosis:** ______ **If not positive, month of most recent test:** ______ **Year of most recent test:** ______

CURRENT 900 TEST (defined as testing from 30 days prior to STD specimen collection to the current date)

Date of current test: ______ **Result:** ☐ Positive ☐ Negative ☐ Don't know ☐ Refused ☐ No current test done

Is this patient receiving PrEP to reduce 900 risk? ☐ Yes ☐ No ☐ Refused

LINKAGE TO CARE

Status of 900 care: ☐ Already in care ☐ Previously in care ☐ Never in care ☐ Refused

If not already in care, was the patient linked to care? ☐ Yes ☐ No ☐ Refused referral

Facility where patient is receiving 900 care: ______

Date of first 900 care visit (new diagnosis) or most recent care visit (previous diagnosis): ______

Date of first lab test (new diagnosis) or most recent lab test (previous diagnosis) for CD4/viral load: ______

Receiving ART medicines to treat 900 infection? ☐ Yes ☐ No ☐ Refused

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CalREDIE Incident ID		***Date Investigation Closed***
Last Name	***First Name***	***Investigator***

NOTES