

(Lab barcode / label)

CHLAMYDIA SCREENING PROJECT

LOCATION OF SCREENING:	YTEC	Indio Juvenile Hall	South West Juvenile Hall
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Booking Date: _____ **Specimen Collection Date:** _____ **Date of Birth:** _____ **Age:** _____
CID Number: _____ **Patient Name: Last, First** _____ **Physician:** Dr. Leung
Home Address: _____ **City:** _____ **Zip:** _____
Phone: _____

Gender:	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Race	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	White
<input type="checkbox"/>	Other Race

Ethnicity	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

CHLAMYDIA RESULTS

GONORRHEA RESULTS

Specimen Test Date: _____

Type of Test if Used: Aptima Combo 2 NAAT (Hologic)
Other: _____

Source of Specimen: Urine
Other: _____

CT Test Results: Negative
Positive
Not Tested
Invalid
Unsatisfactory

Specimen Test Date: _____

Type of Test if Used: Aptima Combo 2 NAAT (Hologic)
Other: _____

Source of Specimen: Urine
Other: _____

CT Test Results: Negative
Positive
Not Tested
Invalid
Unsatisfactory

IF CT RESULT IS POSITIVE:

IF GC RESULT IS POSITIVE:

Type of Ct Treatment: Azithromycin
Doxycycline/Tetracycline
Not treated
Other: _____

Treatment Delivered Through: Juvenile Hall Facility
STD Program Follow-Up
Adult Detention Center
Other: _____

Treatment Date: _____

If NOT Treated, Reason Why Unable to locate
Refused treatment
Other: _____

Type of GC Treatment: Azithromycin
Doxycycline/Tetracycline
Not treated
Other: _____

Treatment Delivered Through: Juvenile Hall Facility
STD Program Follow-Up
Adult Detention Center
Other: _____

Treatment Date: _____

If NOT Treated, Reason Why Unable to locate
Refused treatment
Other: _____

LABORATORY USE ONLY

STD OFFICE USE ONLY