**Patient ECHO ID:** Click here to enter text.

|  |
| --- |
| **Presenter Information:** |
| Provider Name: Click here to enter text. | Presentation Date: Click here to enter a date.  |
| Facility Name: Click here to enter text.  | City/State: Click here to enter text. |

**Patient Information:**

|  |  |
| --- | --- |
| Gender Identity: Choose an item.  | Age: Click here to enter text. |
| Height: Click here to enter text. | Weight: Click here to enter text. |
| BMI: Click here to enter text. | Pregnancy Status: Choose an item. |

**Clinical Information:**

Diagnosis Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Did the patient have any symptoms? Yes No Unknown |
| If symptomatic, what stage of the syphilis was patient diagnosed at? (check all that apply): [ ] Primary[ ]  Secondary[ ]  Neurosyphilis[ ]  Other (specify): | If asymptomatic, what stage of syphilis was patient diagnosed at? (check all that apply):[ ]  Early latent syphilis (infection acquired<1 yr ago)[ ]  Late latent syphilis (infection acquired>=1 yr ago)[ ]  Latent syphilis of unknown duration[ ]  Other(specify): |
| Does the patient have sex with:Has the patient exchanged money for sex and/or drugs?Has the patient had sex while intoxicated and/or high? Has the patient travelled out of the state in the last year?Has the patient been incarcerated in the last six months?Other risk factors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Men [ ]  Women [ ]  Both [ ]  Unknown [ ]  Yes [ ]  No [ ]  Unknown[ ]  Yes [ ]  No [ ]  Unknown[ ]  Yes (specify):\_\_\_\_\_\_\_\_\_ [ ] No [ ]  Unknown[ ]  Yes [ ]  No [ ]  Unknown |

**Pertinent Medical/Surgical History:**

Click here to enter text.

**Family/Social History:**

Click here to enter text.

**STI History and STI Treatment History:**

Click here to enter text.

**Vaccine History: (Hep A/B, HPV, etc)**

**Substance Use History:**

|  |  |  |
| --- | --- | --- |
| [ ]  **None** [ ]  **Remote**[ ]  **Ongoing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Needle Sharing:**[ ]  **Yes** [ ]  **No** | **Needle Exchange Program:**[ ]  **Yes** [ ]  **No** |

**Sexual History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **History of assault:**[ ]  **Yes** [ ]  **No** | [ ]  **Oral** [ ]  **Vaginal**[ ]  **Anal** [ ]  **Penile** | [ ]  **Receptive** [ ]  **Insertive**[ ]  **Versatile** | **Condom Use:**[ ]  **Never** [ ]  **Sometimes** [ ]  **Always** |
| **Partner STI Status:**[ ]  **Positive** [ ]  **Negative** [ ]  **Unknown** |

|  |
| --- |
| **Partner IDU Status:** [ ] **Positive** [ ]  **Negative** [ ]  **Unknown** |

 | **Relationship:**[ ]  **Monogamous** [ ] **Polyamorous** [ ]  **Open** [ ]  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Case Summary:**

**Chief Complaint:**

Click here to enter text.

**Current Medications:**

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dosage** | **Frequency** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Identified Drug-Drug Interactions:** Click here to enter text.

**Laboratory/Physical/Imaging:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lab** | **Date** | **Result** |  | **Lab** | **Date** | **Result** |
| HIV Screen |  |  |  | HCV Ab |  |  |
| HIV Viral Load |  |  |  | HCV Viral Load |  |  |
| T. pal Ab (RPR) |  |  |  | HBSAb |  |  |
| GC/Chl x3 |  |  |  | HBSAg |  |  |
| UA |  |  |  | HBV Core total Ab |  |  |
| Urine HCG |  |  |  | HAV total Ab |  |  |
| Creatinine |  |  |  | Other: |  |  |

**Known Allergies:** Click here to enter text.

**Remarkable Physical Findings:** Click here to enter text.

**Other Pertinent Information:** Click here to enter text.

**DESCRIBE YOUR MAIN QUESTION(S) ABOUT THIS PATIENT?** Click here to enter text.