**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.