

Insert Patient/Client Label Here

Document location of abnormal findings



13. Physical Examination Vital Signs, if clinically indicated:
 Temp: _____ B/P: _____ Pulse: _____ Resp: _____ Weight: _____

<input type="checkbox"/> Oropharynx: no lesions; no erythema; no tonsillar exudate <input type="checkbox"/> abnormal:	<input type="checkbox"/> Penis: no lesions; no discharge <input type="checkbox"/> abnormal:	Description of discharge (if present):		
		Female Clients		Male Clients
<input type="checkbox"/> Scalp, brows, eyes, lashes: no nits; no hair loss; no eye redness or exudate <input type="checkbox"/> abnormal:	<input type="checkbox"/> Scrotum: no tenderness; no nodules; no lesions <input type="checkbox"/> abnormal:	Amount: <input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large	Odor (with or without KOH) <input type="checkbox"/> yes <input type="checkbox"/> no	Amount: <input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large
		pH: <input type="checkbox"/> ≥ 4.5 <input type="checkbox"/> < 4.5		
<input type="checkbox"/> Cervical/supraclavicular/axillary/epitrochlear nodes: no adenopathy <input type="checkbox"/> abnormal:	<input type="checkbox"/> Vulva: no lesions/rashes; no lice/nits <input type="checkbox"/> abnormal:	Adheres to vaginal wall: <input type="checkbox"/> yes <input type="checkbox"/> no		Color (check all that apply): <input type="checkbox"/> clear <input type="checkbox"/> yellow <input type="checkbox"/> green <input type="checkbox"/> color of discharge matches white swab <input type="checkbox"/> other (specify)
		Color (check all that apply): <input type="checkbox"/> clear <input type="checkbox"/> yellow <input type="checkbox"/> gray/off white <input type="checkbox"/> green <input type="checkbox"/> bright red <input type="checkbox"/> dark red <input type="checkbox"/> color of discharge matches the white swab		
<input type="checkbox"/> Skin: clear; no lesions/rashes <input type="checkbox"/> abnormal:	<input type="checkbox"/> Vagina: no lesions; no erythema; no discharge <input type="checkbox"/> abnormal:			
<input type="checkbox"/> Abdomen: no tenderness to palpation; no rebound tenderness <input type="checkbox"/> abnormal:	<input type="checkbox"/> Cervix: no lesions; no erythema; no discharge; no CMT <input type="checkbox"/> abnormal:			
<input type="checkbox"/> Inguinal nodes: no adenopathy <input type="checkbox"/> abnormal:	<input type="checkbox"/> Uterus: no enlargement; no tenderness <input type="checkbox"/> abnormal:			
<input type="checkbox"/> Pubic area: no lesions/rashes; no lice/nits <input type="checkbox"/> abnormal:	<input type="checkbox"/> Anus: no lesions; no discharge <input type="checkbox"/> abnormal:			

Additional findings:

14. Laboratory

- Gonorrhea Test:** NAAT culture
 - Cervical Urethral Urine
 - Rectal Pharyngeal Vaginal
- Urethral Gram Stain:**
 - No GNID ≥ 2 WBC, no GND found Extracellular GND only
 - GNID found
- Herpes Test:** Culture Serology
- HIV
- Chlamydia Test:** NAAT Other
 - Cervical Urethral Urine
 - Rectal Pharyngeal Vaginal
- Syphilis Serology
- Stat RPR:** reactive nonreactive
- Darkfield:** found not found
- Wet Prep:** clue cells yeast KOH+ trich WBCs _____
- Cervical Cancer:** HPV Pap smear
- Pregnancy Test:** positive negative
- Other: _____

15. Clinical Impressions / Diagnosis

- Bacterial vaginosis
- Candidal infection
- Cervicitis / MPC
- Chlamydia
- Epididymitis
- Gonorrhea
- Herpes: 1st episode Recurrent
- HIV
- HPV / Genital warts
- NGU
- Pediculosis pubis
- PID
- Scabies
- Syphilis:** Primary Secondary
 - unknown Early latent Late latent duration
- Tinea cruris
- Trichomoniasis
- Contact to: _____
- STD Screening (asymptomatic), lab tests pending
- Other: _____

16. Treatment / Therapy

- None
- Reviewed client's allergy history
- Reviewed client's pregnancy status
- Reviewed client's breastfeeding status
- Medication instructions provided according to policy and/or standing order
- Restrictions for alcohol consumption given: Specify: _____
- Azithromycin PO _____
- Benzathine penicillin G 2.4 MU IM
 - single dose
 - 3 doses (each at 1-week interval)
- Ceftriaxone IM _____
- Doxycycline PO _____
- Metronidazole PO _____
- Acyclovir PO _____
- Cryotherapy _____
- TCA _____
- OTC fungal/yeast _____
- OTC pediculosis pubis _____
- Other _____
- _____
- Name/Title of person administering or dispensing _____
- Treatment Date: _____

NOTES:

17. Instructions/Counseling

- Abstain from sex for _____ days and until partner(s) is treated
- Use condoms or other barrier methods for risk reduction
- RTC if symptoms persist/increase
- Partner notification cards given
- Printed risk reduction and infection information
- Reviewed services provided and tests performed
- HIV Control Measures reviewed, and post-test counseling done (if applicable)
- Referrals:

18. Follow-up for Test Results:

- Clinic will call with results only if a test result is abnormal or requires re-testing
- Results available through patient portal
- Client will call for results
- Unique password to obtain results by phone: _____
- Preferred phone #s to contact client about results or follow-up: _____
- Clinic may leave message at preferred #
 - Yes No
- Other: _____

Signature/Title of Examiner _____

Co-Signature (if needed): _____

ERRN Time: _____ minutes = _____ units (T1002)