

COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC HEALTH

CLINIC SITE: _____ Date of Service: _____

MCL# _____ PM#: _____

Client Name: _____ DOB: _____

Signature/Title: _____

PLACE LABEL HERE

STD Test(s): Chlamydia (Ct) Gonorrhea Syphilis HIV Other: _____

No Test(s): <25 Previous test within 1 year Not sexually active >26 No risk factors Other: _____

Medical Justification

- | | |
|--|---|
| <input type="checkbox"/> Annual screening for women age ≤ 25 years. | <input type="checkbox"/> Belief that a partner within the previous 12 months has had other sex partners at the same time. |
| <input type="checkbox"/> Retest positive Ct and GC clients 3 months after treatment for possible re-infection. | <input type="checkbox"/> African-American woman age ≤ 30 years. |
| <input type="checkbox"/> History of Ct, GC, or PID in the past 12 months. | <input type="checkbox"/> Client has clinical exam findings consistent with infection. |
| <input type="checkbox"/> More than one sex partner in the past 12 months. | <input type="checkbox"/> Client has a newly diagnosed STD. |
| <input type="checkbox"/> A new sex partner in the previous three months. | <input type="checkbox"/> Client reports contact with a partner known to have a STD. |
| | <input type="checkbox"/> Other: _____ |

Revised: 04/15/2010

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MCL# _____ PM#: _____

Client Name: _____ DOB: _____

Signature/Title: _____

PLACE LABEL HERE

STD Test(s): Chlamydia (Ct) Gonorrhea Syphilis HIV Other: _____

Medical Justification

- | | |
|--|---|
| <input type="checkbox"/> STD screening at initial visit. | <input type="checkbox"/> Belief that a partner within the previous 12 months has had other sex partners at the same time. |
| <input type="checkbox"/> Annual screening for women age ≤ 25 years. | <input type="checkbox"/> African-American woman age ≤ 30 years. |
| <input type="checkbox"/> Retest positive Ct and GC clients 3 months after treatment for possible re-infection. | <input type="checkbox"/> Client has clinical exam findings consistent with infection. |
| <input type="checkbox"/> History of Ct, GC, or PID in the past 12 months. | <input type="checkbox"/> Client has a newly diagnosed STD. |
| <input type="checkbox"/> More than one sex partner in the past 12 months. | <input type="checkbox"/> Client reports contact with a partner known to have a STD. |

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- A new sex partner in the previous three months.
- Other: _____