



# NEW MEXICO SEXUALLY TRANSMITTED DISEASE MORBIDITY FORM

## PATIENT DEMOGRAPHIC DATA

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PHONE (Home/Cell): \_\_\_\_\_ (Work): \_\_\_\_\_  
SEX ASSIGNED AT BIRTH: ☐ Male ☐ Female CURRENT GENDER IDENTITY: ☐ M ☐ F ☐ Trans/MTF ☐ Trans/FTM ☐ Other \_\_\_\_\_  
RACE (Check all that apply): ☐ White ☐ Black ☐ Native American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unknown  
ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown MARITAL STATUS: ☐ Single ☐ Married ☐ Partnered ☐ Unknown

## DISEASE DATA

CHECK REPORTABLE DISEASES:

☐ SYPHILIS

☐ PRIMARY  
☐ SECONDARY  
☐ Early Non-Primary/Non-Secondary  
☐ Late Latent or Unknown

Neuro Involvement ☐ Yes ☐ No

Optic Involvement ☐ Yes ☐ No

Otic Involvement ☐ Yes ☐ No

☐ GONORRHEA

☐ Uncomplicated Asymptomatic

☐ Uncomplicated Symptomatic

☐ SALPINGITIS

☐ EPIDIDYMITIS

☐ CHLAMYDIA

PID ☐ YES ☐ NO

☐ CHANCROID

☐ Other Untreated STD \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_ SYMPTOM onset (Date): \_\_\_\_\_

## MEDICAL INFORMATION

NAME OF FACILITY: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TOWN/ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF TEST COLLECTION	DIAGNOSTIC TEST	RESULTS	SPECIMEN SOURCE	LABORATORY NAME

## TREATMENT INFORMATION

DATE OF TREATMENT	TREATMENT/DRUG	DOSE/AMOUNT	NAME AND TITLE OF CLINICIAN

IS PATIENT PREGNANT? YES ☐ NO ☐ UNKNOWN ☐ ESTIMATED DUE DATE: \_\_\_\_\_

PATIENT on PrEP? YES ☐ NO ☐ WAS PrEP OFFERED/PRESCRIBED? YES ☐ NO ☐

WAS EXPEDITED PARTNER THERAPY PROVIDED FOR SEXUAL PARTNER(S)? YES ☐ NO ☐

IF EPT WAS PROVIDED, HOW MANY DOSES WERE GIVEN? \_\_\_\_\_

PHYSICIANS COMMENTS: \_\_\_\_\_

New Mexico Revised Statutes 12-3-5, 1, Health Department Regulations Art. 1, 24-1-7 and New Mexico Administrative Code 7.4.3.13 require that patients with laboratory confirmed chlamydia, syphilis and gonorrhea be reported to the New Mexico Department of Health (NMDOH) STD Program within 24 hours.

PLEASE FAX COMPLETED FORM TO:

**505-207-7991**

FOR CONSULTATION CALL: (505) 476-3636 or (505) 709-7617

This form is available electronically at: <http://nmhealth.org/about/phd/idb/std/>  
OR by scanning the QR code



12/15/2025