

## Example Data Screens from STD MIS 5.0

### 1. Patient Registry

Find Patient New Select Clinic Visits History Jump My Work  
Locate a patient record.

PATIENT RECORD

Name: ORANGE, MR100      DOB: 08/18/1987      Age: 25  
Gender: 1      Race: 3      Local race: 1      Ethnicity: 2  
Address: 4100 BELMONTE CIRCLE  
DOVER  
SSN:      Patient No.:      System Id: 3152      Other sites:  
Cross ref.:      Aka's:

STD INVESTIGATIONS							
Entry Date	Cond. 1	Ref. Basis	Investigator	Status	Cond. 2	Ref. Basis	Investigator
10/15/2012	710	P1	100	OPEN CASE			

### 2. Investigation Summary

Update Browse Reports Forms Referrals Delete  
Update this investigation.

STD INVESTIGATION

Name: ORANGE, MR100      DOB: 08/18/1987      Gender: 1      Age: 25  
Invest. Agency: NEW AGENCY      Priority: N

Condition: 710      Status: OPEN CASE      Infect. Status: CONFIRMED - 730      New case? Y  
Field f/up? Y      Dispo: C      Date dispo: 10/16/2012      Ix'd? Y      Date Close: / /  
Primary Referral: P1-GREEN (710)      Date Entered: 10/15/2012      Investigator: 100

3. Investigation Level

UPDATE REFERRAL INFORMATION

---

FOLLOW-UP INFORMATION

Name:  Referral:

Initiating Agency:

Date Entered:  Initial?  Interviewer:  OP Case Number:

Invest. Agency:

Investigator:  900 Status:  Pregnant?  Weeks:

Initial F/up?  FIELD  Close date:  Priority:  Internet F/up?

Notifiable:  Clinic Code:

---

SURVEILLANCE FOLLOW-UP

Exam date:  Provider:

Assign to:  Date Assign:  Date Closed:

Provider contact:  Exam Reason:  Prov. dx:

Patient f/up?

UPDATE REFERRAL INFORMATION

---

FOLLOW-UP INFORMATION

Name:  Referral:  Initial?

---

FIELD FOLLOW-UP

Init. Date:  Interviewer:  OP Case Number:

Assign to:  Date Assign:  Init. Assign:

Plan:  Expected In:  Date Expected In:

Exam date:  Facility:

Provider:

Dispo:  Dispo Date:  Worker:  Supervisor:

Actual:  Internet Outcome:  FR Number:

OOJ Agency:

OOJ No.:  Due:  OOJ Outcome:

#### 4. Case Information

UPDATE REFERRAL INFORMATION

---

FOLLOWUP INFORMATION

Name:  Referral:  Initial?

---

CASE INFORMATION

Infection Status:  Date Status:  New case?  Source/spread:

Case No.:  Condition:  Case Detect:  MMWR date:

Imported:  Import Location:

PID:  Neurosyphilis:  Disseminated:  Conjunctivitis:

Resistant to:

Case Address:  Street:

City:  Zip:

County:  State:  Country:

---

CASE ASSIGNMENT

Assign to:  Date assign:  Init. Assign:

Lot No.:  Supervisor:



6. Additional Interview Data

UPDATE REFERRAL INFORMATION			
FOLLOW-UP INFORMATION			
Name:	ORANGE, MR100	Referral:	P1-710 Initial? <input checked="" type="checkbox"/>
PREGNANCY			
Pregnant at Exam?	<input type="checkbox"/>	No. Wks:	99 Pregnant at Interview? <input type="checkbox"/>
		No. Wks:	99
In Prenatal Care?	<input type="checkbox"/>	Preg. past yr?	<input type="checkbox"/>
		Pregnancy Outcome?	<input type="checkbox"/>
900 INFORMATION			
Prev. 900 test?	<input checked="" type="checkbox"/>	Anti-retroviral therapy -	Past 12 months? <input type="checkbox"/>
			Ever? <input type="checkbox"/>
Enroll:	<input type="checkbox"/>	Intervention:	<input type="checkbox"/>
Self-rept. result:	99	Date last test:	/ /
Refer for test:	<input checked="" type="checkbox"/>	Referral date:	10/16/2012 900 test? <input type="checkbox"/>
		900 result:	<input type="checkbox"/>
Post-test counsel?	<input type="checkbox"/>	Provided:	<input type="checkbox"/>
		Refer for care:	<input type="checkbox"/>
		Keep appt.:	<input type="checkbox"/>
CASE CLOSURE			
Date Closed:	/ /	Closed By:	<input type="checkbox"/>

## 7. Risk Factor Data

Modify Local  
Modify existing risk factor record.

Name:

RISK FACTORS IN PAST 12 MONTHS

1. Had sex w/ male?	<input type="checkbox" value="U"/>	6. Had sex while intox./high?	<input type="checkbox" value="U"/>
2. Had sex w/ female?	<input checked="" type="checkbox" value="Y"/>	7. Exchanged drugs/money for sex?	<input type="checkbox" value="N"/>
3. Had sex w/ transgender?	<input type="checkbox" value="N"/>	8. Females - had sex w/ known MSM?	<input type="checkbox" value="N"/>
4. Had sex w/ anon. partner?	<input type="checkbox" value="N"/>	9. Had sex w/ known IDU?	<input type="checkbox" value="N"/>
5. Had sex w/o a condom?	<input checked="" type="checkbox" value="Y"/>		

---

10. Been incarcerated?	<input type="checkbox" value="N"/>	13. Injection/non-injection drug use?	
11. Injection drug use?	<input type="checkbox" value="N"/>	None:	<input type="checkbox" value="N"/> Meth: <input type="checkbox" value="N"/>
12. Shared inject. equip.?	<input type="checkbox" value="N"/>	Crack:	<input type="checkbox" value="N"/> Nitr./Pop. <input type="checkbox" value="N"/>
		Cocaine:	<input type="checkbox" value="N"/> ED meds: <input type="checkbox" value="N"/>
		Heroin:	<input type="checkbox" value="N"/> Other: <input checked="" type="checkbox" value="Y"/> <input type="text" value="MARIJUANA"/>

14. Other Risk, Specify: