

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: