

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: 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: ORANGE, MR100	Referral: P1-710
Initiating Agency: NEW AGENCY	
Date Entered: 10/15/2012	Initial? <input checked="" type="checkbox"/> Interviewer: 100
	OP Case Number: 0110001914
Invest. Agency: NEW AGENCY	
Investigator: 100	900 Status: 09 Pregnant? <input type="checkbox"/> Weeks: 99
Initial F/up? <input type="checkbox"/> FIELD	Close date: / / Priority: <input type="checkbox"/> Internet F/up? <input checked="" type="checkbox"/>
Notifiable: <input type="checkbox"/> 06	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:

5. Interview Data

UPDATE REFERRAL INFORMATION			
FOLLOW-UP INFORMATION			
Name:	ORANGE, MR100	Referral:	P1-710 Initial? <input checked="" type="checkbox"/> Y
INTERVIEW			
Ix Status:	<input checked="" type="checkbox"/> I		
Ix Date:	10/16/2012	Interviewer:	100 Location: CLINIC Ix Period: 12
Locate Method:	<input type="checkbox"/>	Reason No Locate:	<input type="checkbox"/> Other: <input type="text"/>
Site ID:	<input type="text"/>	Site Type:	<input type="text"/> Site Zip: <input type="text"/>
PARTNER INFORMATION			
Partners past year -	Female: <input checked="" type="checkbox"/> Y <input type="checkbox"/> 1	Male: <input checked="" type="checkbox"/> Y <input type="checkbox"/> 2	Transgender: <input type="checkbox"/> N <input type="checkbox"/> 0
Ix Period Partners -	Female: <input checked="" type="checkbox"/> Y <input type="checkbox"/> 1	Male: <input checked="" type="checkbox"/> Y <input type="checkbox"/> 2	Transgender: <input type="checkbox"/> N <input type="checkbox"/> 0
Places To Meet Partners:	<input checked="" type="checkbox"/> Y	Places To Have Sex:	<input type="checkbox"/> N
STD HISTORY			
Previous STD History:	<input type="checkbox"/> N		

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 checked="" type="checkbox"/>	No. Wks:	99 Pregnant at Interview? <input checked="" type="checkbox"/>
In Prenatal Care?	<input checked="" type="checkbox"/>	Preg. past yr?	<input checked="" type="checkbox"/>
900 INFORMATION			
Prev. 900 test?	<input checked="" type="checkbox"/>	Anti-retroviral therapy -	Past 12 months? <input checked="" 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 checked="" 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 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=""/>
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 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 type="checkbox" value="Y"/> <input type="text" value="MARIJUANA"/>

14. Other Risk, Specify: