Cohort Study of HIV, STIs and Preventive Interventions among Young MSM in Thailand

Form Approved
OMB No. 0920-new
Expiration Date: XX/XX/XXXX

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YMSM Clinical Enrollment Form

Study ID: ___________________

Today's date:[__][__]/[__][__]/20[__][__]

Screening Number: [__][__][__][__]

Enrollment Form

Study ID:_________________

Today's date:[__][__]/[__][__]/20[__][__]

Screening Number: [__][__][__][__]

1	Underlying disease (s)	1.1 ______________________		[__][__]
	and/ or important operation (s)	1.2 ______________________		[__][__]
	(life time)	1.3		[__][__]
		1.4 ______________________		[__][__]
		1.5 ______________________		[__][__]
2	Medication history		☐ (1) Yes ☐ (2) No	[__]
	(Includes TB and OI)	2.1		[__][__]
			☐ (1) Completed ☐ (2) Continuing	[__]
		2.2		[__][__]
			☐ (1) Completed ☐ (2) Continuing	[__]
		2.3		[__][__]
			☐ (1) Completed ☐ (2) Continuing	[__]
		2.4 ______________________		[ ][ ]
			☐ (1) Completed ☐ (2) Continuing	[__]
		2.5 ______________________		[ ][ ]
			☐ (1) Completed ☐ (2) Continuing	[ ]
3	Drug allergy		☐ (1) Yes ☐ (2) No ☐ (9) Don't know	[ ]
	If yes, please specify name	3.1 ______________________		[__][__]
		3.2 ______________________		[__][__]
		3.3 ______________________		[ ][ ]
		3.4 ______________________		[__][__]
		3.5 ______________________		[__][__]
4	Have you ever taken any ARV (life time)?		☐ (1) Yes ☐ (2) No ☐ (9) Don't know	[__]
	If yes, please specify name	4.1 ______________________		[__][__]
		4.2 ______________________		[ ][ ]
		4.3 ______________________		[__][__]
		4.4 ______________________		[__][__]
		4.5 ______________________		[ ][ ]
5	ARV side effect		☐ (1) Yes ☐ (2) No ☐ (9) Don't know	[__]
	If yes, please specify name	5.1 ______________________		[ ][ ]
		5.2 ______________________		[__][__]
		5.3 ______________________		[__][__]
		5.4 ______________________		[ ][ ]
		5.5 ______________________		[__][__]
6	Hospitalization in the past year		☐ (1) Yes ☐ (2) No	[ ]
	If yes,			
	6.1 Reason___________________________			[__][__]
	6.2 How many day(s)________________			[__][__]

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Study ID: ___________________
Screening Number: [ ][ ][ ][ ]

7	**In the past 3 months, did you develope any of these sypmtoms?**				
	7.1 Fever	(1) Yes	(2) No		[__]
	7.2 Myalgia	(1) Yes	(2) No		[__]
	7.3 Fatigue	(1) Yes	(2) No		[__]
	7.4 Oral ulcer	(1) Yes	(2) No		[__]
	7.5 Skin rash	(1) Yes	(2) No		[__]
	7.6 Sore throat	(1) Yes	(2) No		[__]
	7.7 Headache	(1) Yes	(2) No		[__]
	7.8 other specify_________________	(1) Yes	(2) No		[__]
	If ≥ 2 symptoms				
	7.9 It was happened at the same period of time?	(1) Yes	(2) No		[__]
History of previous genital symptoms or STIs					
8	**Discharge**				
	8.1 **Urethral**	(1) Yes	(2) No	(9) Don't know	[__]
	If yes, 8.1.1 How many times?	____times			[__][__]
	8.1.2 How long ago was the last time?	8.1.2.a ____days			[ ][ ]
		8.1.2.b ____months			[ ][ ]
		8.1.2.c ____years			[__][__]
	8.2 **Anal**	(1) Yes	(2) No	(9) Don't know	[ ]
	If yes, 8.2.1 How many times?	times			[__][__]
	8.2.2 How long ago was the last time?	8.2.2.a ____days			[__][__]
		8.2.2.b ____months			[__][__]
		8.2.2.c ____years			[__][__]
9	**Genital ulcer**	(1) Yes	(2) No	(9) Don't know	[__]
	If yes,				
	9.1 How many times?	____times			[__][__]
	9.2 How long ago was the last time?	9.2.a ____days			[__][__]
		9.2.b ____months			[__][__]
		9.2.c ____years			[__][__]
	9.3 Blister or painful?	(1) Yes	(2) No		[ ]
	9.4 Location? 9.4.1 Penis	(1) Yes	(2) No		[__]
	9.4.2 Scrotum	(1) Yes	(2) No		[__]
	9.4.3 Ano-rectal	(1) Yes	(2) No		[__]
	9.4.4 Other	(1) Yes	(2) No		[__]
	9.4.4.1 If yes, specify_______________________				[__][__]
10	**Genital wart**	(1) Yes	(2) No	(9) Don't know	[__]
	If yes,				
	10.1 How many times?	____times			[__][__]
	10.2 How long ago was the last time?	10.2.a ____days			[__][__]
		10.2.b ____months			[__][__]
		10.2.c ____years			[__][__]
	10.3 Location? 10.3.1 Ano-rectal	(1) Yes	(2) No		[__]
	10.3.2 Other	(1) Yes	(2) No		[ ]
	10.3.2.1 If yes, specify				[__][__]

YMSM Clinical Enrollment Form

Today's date:[__][__]/[__][__]/20[__][__]

Study ID: ___________________

Screening Number: [ ][ ][ ][ ]

11	**Swollen inguinal lymph node(s)** **If yes:**	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[ ]
	11.1 How many times?	____times			[ ][ ]
	11.2 How long ago was the last time?	11.2.a ____days			[ ][ ]
		11.2.b months			[__][__]
		11.2.c ____years			[__][__]
12	**Have you ever been diagnosed with any STI?** **If yes:**	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	12.1a Specify diagnosis or symptoms	______________________			[__][__]
	12.1b Treatment received	______________________			[ ][ ]
	12.1c Place received	12.1c.1 ☐ (1) Self treatment/Pharmacy			[__]
	(Tick all that apply)	12.1c.2 ☐ (1) Private clinic/hospital			[__]
		12.1c.3 ☐ (1) Public clinic/hospital			[__]
	12.2a Specify diagnosis or symptoms	______________________			[__][__]
	12.2b Treatment received	______________________			[__][__]
	12.2c Place received	12.2c.1 ☐ (1) Self treatment/Pharmacy			[__]
	(Tick all that apply)	12.2c.2 ☐ (1) Private clinic/hospital			[__]
		12.2c.3 ☐ (1) Public clinic/hospital			[__]

Physical examination

13	**Vital signs**	13.1 Body temperature C	[__][__].[__]
		13.2 Pulse________/min.	[__][__][__]
		13.3 Respiratory________/min.	[__][__]
		13.4 BP ____/____mmHg	[__][__][__]/[__][__][__]
		13.5 Body weight_________kgs.	[__][__][__].[__]

14	**Physical exam directed by history, system review and symptoms**					
14.1	HEENT	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:		[__]
14.2	Lymph Nodes	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.3	Cardiovascular	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.4	Pulmonary	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.5	Abdomen	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.6	Genital/Rectal see more in item 15-16	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[ ]
14.7	Musculoskeletal	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.8	Neurological	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]
14.9	Skin	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:______________		[__]

15	**Ano-genital exam**			
	15.1 Circumcised	☐ (1) Yes	☐ (2) No	[__]
	15.2 Penile implant	☐ (1) Yes	☐ (2) No	[__]
	15.3 Penile piercing	☐ (1) Yes	☐ (2) No	[__]
	15.4 Tattoo	☐ (1) Yes	☐ (2) No	[__]
	15.5 Other	☐ (1) Yes	☐ (2) No	[__]
	15.5.1 If yes, specify______________________			[__][__]

YMSM Clinical Enrollment Form

Today's date:[__][__]/[__][__]/20[__][__]

Study ID: ____________________
Screening Number: [ ][ ][ ][ ]

16 Current ano-genital signs/symptom(s)				
16.1 **Dysuria (pain with urination)**		☐ (1) Yes	☐ (2) No	[__]
16.2 **Pain**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	16.1.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	16.1.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	16.1.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	16.1.3.1 If yes, specify________________________			[__][__]
16.3 **Discharge**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	16.2.1 Urethral	☐ (1) Yes	☐ (2) No	[__]
	16.2.2 Anal	☐ (1) Yes	☐ (2) No	[__]
16.4 **Blood**	16.3.1 Urethral	☐ (1) Yes	☐ (2) No	[__]
	16.3.2 Anal	☐ (1) Yes	☐ (2) No	[__]
16.5 **Ulcer**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	16.4.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	16.4.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	16.4.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	16.4.3.1 If yes, specify			[__][__]
16.6 **Vesicle**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	16.5.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	16.5.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	16.5.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	16.5.3.1 If yes, specify________________________			[__][__]
16.7 **Wart**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	16.6.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	16.6.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	16.6.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	16.6.3.1 If yes, specify________________________			[__][__]
16.8 **Swelling lymph node**		☐ (1) Yes	☐ (2) No	[__]

MD comment:

____

____

____

____

____

____

Signature:______________________

Date:[__][__]/[__][__]/20[__][__]

YMSM Clinical Enrollment Form

Study ID: ________________

Today's date:[ ][ ]/[ ][ ]/20[ ][ ]

Screening Number: [ ][ ][ ][ ]

Baseline specimen collection

17 Specimen number________________(affix label)

For all particants follow 17-1-17.5:

- 17.1 ☐ Plain tube 6.0 ml x 1 (HPV, HAV, HBV, HCV) [ ]
- 17.2 ☐ EDTA 6.0 ml x 1 (Syphilis, LAG) [ ]
- 17.3 ☐ Urine sample 30-50 ml (CT/NG PCR) [ ]
- 17.4 ☐ 1 Rectal swab (CT/NG PCR) [ ]
- 17.5 ☐ 1 Anal swab (HPV PCR) [ ]

Having urethral discharge or dysuria (symptomatic only)

- 17.6 ☐ 1 Urethral swab (stat gram stain) [ ]
- 17.7 ☐ 1 Urethral swab (NG culture) [ ]

18 Today's Diagnosis [ ][ ]

- ☐ Primary Syphilis (A51.0)
- ☐ Secondary Syphilis (A51.3)
- ☐ Early Latent Syphilis (A51.5)
- ☐ Late Latent Syphilis (A52.8)
- ☐ Latent Syphilis, unspecified as early or late (A53.0)
- ☐ Syphilis, unspecified (A53.9)
- ☐ Tertiary Syphilis (A52.7)
- ☐ Gonococcal Urithritis (A54.0)
- ☐ Gonococcal proctitis (A54.6)
- ☐ Nonspecific urethritis; nongonococcal/nonveneral (N34.1)
- ☐ Chlamydial urethritis (A56.0)
- ☐ Chlamydial epididymitis (A56.1)
- ☐ Chlamydial infection of anus and rectum (A56.3)
- ☐ Chancroid (A57)
- ☐ Lymphogranuloma Venereum; LGV (A55)
- ☐ Herpesviral infection of urogenital tract (A60.0)
- ☐ Herpesviral infection of perianal skin and rectum (A60.1)
- ☐ Condyloma Acuminata ; Veneral Warts (A63.0)
- ☐ Proctitis, non specific (K62.8)
- ☐ Penile Ulcer (N48.5)
- ☐ other; specify________________________________

19 Today's treatment (if any)

- ☐ Benzathine penicillin G
- ☐ Ceftriaxone
- ☐ Cefixime
- ☐ Doxycycline
- ☐ Azithromycin
- ☐ Acyclovir
- ☐ other; specify________________________________

YMSM Clinical Enrollment Form

Today's date:[__][__]/[__][__]/20[__][__]

Study ID: ___________________
Screening Number: [ ][ ][ ][ ]

20	**Next 2 weeks follow up visit:[__][__]/[__][__]/20[__][__]**
21	**Next scheduled visit:[__][__]/[__][__]/20[__][__]**
22	**Nurse's note** [__][__]
23	**Signature:_____________________**
24	**Date:[__][__]/[__][__]/20[__][__]**

Appendix I. Follow-up Clinical Form

YMSM Clinical Follow Up Form

Today's date:[ ][ ]/[ ][ ]/20[ ][ ]   Study ID: ________

1	**Type of visit**	☐ 2 weeks after enrollment visit ☐ Scheduled visit every 3 months: # ______ ☐ Episodic visit (go to Q.12 physical exam)	
2	**Previous HIV status**	☐ (1) R ☐ (2) NR	[ ]
3	**Medical problem in the past 3 months**	3.1 ________________ 3.2 ________________ 3.3 ________________ 3.4 ________________	[__][__] [__][__] [__][__] [__][__]
4	**Hospitalization in the past 3 months** 4.1 If yes, reason 4.2 If yes, how many day(s)	☐ (1) Yes ☐ (2) No ________________	[ ] [__][__] [__][__]
5	**Medication history in the past 3 months** (Includes ARV or OIs)	☐ (1) Yes ☐ (2) No 5.1 ________________ ☐ (1) Completed ☐ (2) Continuing 5.2 ________________ ☐ (1) Completed ☐ (2) Continuing 5.3 ________________ ☐ (1) Completed ☐ (2) Continuing	[__] [__][__] [ ] [ ][ ] [__] [__][__] [__]
6	**In the past 3 months, did you develop any of these symptoms?**		
	6.1 Fever	☐ (1) Yes ☐ (2) No	[__]
	6.2 Myalgia	☐ (1) Yes ☐ (2) No	[ ]
	6.3 Fatigue	☐ (1) Yes ☐ (2) No	[__]
	6.4 Oral ulcer	☐ (1) Yes ☐ (2) No	[__]
	6.5 Skin rash	☐ (1) Yes ☐ (2) No	[ ]
	6.6 Sore throat	☐ (1) Yes ☐ (2) No	[__]
	6.7 Headache	☐ (1) Yes ☐ (2) No	[__]
	6.8 other specify	☐ (1) Yes ☐ (2) No	[__]
	If ≥ 2 symptoms 6.9 It was happened at the same period of time?	☐ (1) Yes ☐ (2) No	[ ]

Genital symptoms or STI in the past 3 months

7	*Discharge*				
	7.1 **Urethral**	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	7.1.1 How many times?	____times			[__][__]
	7.1.2 How long ago was the last time?	days			[__][__]
	7.1.2.b	____months			[__][__]
	7.2 **Anal**	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	7.2.1 How many times?	____times			[__][__]
	7.2.2 How long ago was the last time?	days			[__][__]
	7.2.2.b	____months			[__][__]
8	*Genital ulcer*	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	8.1 How many times?	times			[__][__]
	8.2 How long ago was the last time? 8.2.a	____days			[__][__]
	8.2.b	____months			[__][__]
	8.3 Blister or painful?	☐ (1) Yes	☐ (2) No		[__]
	8.4 Location? 8.4.1 Penis	☐ (1) Yes	☐ (2) No		[__]
	8.4.2 Scrotum	☐ (1) Yes	☐ (2) No		[__]
	8.4.3 Anorectal	☐ (1) Yes	☐ (2) No		[__]
	8.4.4 Other	☐ (1) Yes	☐ (2) No		[ ]
	8.4.4.1 If yes, specify	____________________			[__][__]
9	*Genital wart*	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	9.1 How many times?	times			[__][__]
	9.2 How long ago was the last time? 9.2.a	____days			[__][__]
	9.2.b	____months			[ ][ ]
	9.3 Location? 9.3.1 Ano-rectal	☐ (1) Yes	☐ (2) No		[__]
	9.3.2 Other	☐ (1) Yes	☐ (2) No		[__]
	9.3.2.1 If yes, specify	____________________			[ ][ ]
10	***Swollen inguinal lymph node(s)***	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	10.1 How many time?	____times			[__][__]
	10.2 How long ago was the last time? 10.2.a	____days			[__][__]
	10.2.b	____months			[__][__]

11	**Any STI diagnosed in the past 3 months?**	☐ (1) Yes	☐ (2) No	☐ (9) Don't know	[__]
	If yes,				
	11.1a Specify diagnosis or symptoms	____________			[__][__]
	11.1b Treatment received	____________			[__][__]
	11.1c Place received	11.1c.1 ☐ (1) Self treatment/Pharmacy			[__]
	(check all that apply)	11.1c.2 ☐ (1) Private clinic/hospital			[__]
		11.1c.3 ☐ (1) Public clinic/hospital			[__]
	11.2a Specify diagnosis or symptoms	____________			[__][__]
	11.2b Treatment received	____________			[__][__]
	11.2c Place received	11.2c.1 ☐ (1) Self treatment/Pharmacy			[__]
	(check all that apply)	11.2c.1 ☐ (1) Private clinic/hospital			[__]
		11.2c.1 ☐ (1) Public clinic/hospital			[__]

Physical examination

12	**Vital signs**	12.1 Body temperature °C	[__][__].[__]
		12.2 Pulse________/min.	[__][__][__]
		12.3 Respiratory________/min.	[__][__]
		12.4 BP / mmHg	[__][__][__]/[__][__][__]
		12.5 Body weight_________kgs.	[__][__][__].[__]

13	**Physical exam directed by history, system review and symptoms**				
	13.1 HEENT	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.2 Lymph Nodes	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.3 Cardiovascular	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.4 Pulmonary	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.5 Abdomen	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.6 Genital/Rectal	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	see more in item 14-15				
	13.7 Musculoskeletal	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.8 Neurological	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:__________	[__]
	13.9 Skin	☐ (9) Not Done	☐ (1) normal	☐ (2) abnormal:	[__]

14	**Ano-genital exam** (new episode in the past 3 months)				
	If yes,				
	14.1 Circumcised	☐ (1) Yes	☐ (2) No	☐ (3) Previous	[__]
	14.2 Penile implant	☐ (1) Yes	☐ (2) No	☐ (3) Previous	[__]
	14.3 Penile piercing	☐ (1) Yes	☐ (2) No	☐ (3) Previous	[__]
	14.4 Tattoo	☐ (1) Yes	☐ (2) No	☐ (3) Previous	[__]
	14.5 Other	☐ (1) Yes	☐ (2) No	☐ (3) Previous	[__]
	14.5.1 If yes, specify______________________________				[__][__]

15 Current ano-genital signs/symptom(s)				
15.1 **Dysuria (pain with urination)**		☐ (1) Yes	☐ (2) No	[__]
15.2 **Pain**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.2.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	15.2.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	15.2.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	15.2.3.1 If yes, specify ________________			[__][__]
15.3 **Discharge**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.3.1 Urethral	☐ (1) Yes	☐ (2) No	[__]
	15.3.2 Anal	☐ (1) Yes	☐ (2) No	[__]
15.4 **Blood**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.4.1 Urethral	☐ (1) Yes	☐ (2) No	[__]
	15.4.2 Anal	☐ (1) Yes	☐ (2) No	[__]
15.5 **Ulcer**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.5.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	15.5.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	15.5.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	15.5.3.1 If yes, specify_________________			[__][__]
15.6 **Vesicle**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.6.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	15.6.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	15.6.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	15.6.3.1 If yes, specify ________________			[__][__]
15.7 **Wart**		☐ (1) Yes	☐ (2) No	[__]
If yes, site	15.7.1 Penis	☐ (1) Yes	☐ (2) No	[__]
	15.7.2 Ano-rectal	☐ (1) Yes	☐ (2) No	[__]
	15.7.3 Other genital area	☐ (1) Yes	☐ (2) No	[__]
	15.7.3.1 If yes, specify ________________			[__][__]
15.8 **Swelling lymph node**		☐ (1) Yes	☐ (2) No	[__]

MD comment:

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Signature:______________________

Date:[__][__]/[__][__]/20[__][__]

16	**Specimen collection** Specimen number {SpecNo, spn} (affix lab el)
17	For all participants follow 17-1-17.5: 17.1 ☐ EDTA 6.0 ml x 1 (HIV, NAAT, LAG , syphilis) [ ] 17.2 ☐ Urine sample 30-50 ml (CT/NG PCR) [ ] 17.3 ☐ 1 Rectal swab (CT/NG PCR) [ ] ***Having urethral discharge or dysuria (symptomatic only)*** 17.4 ☐ 1 Urethral swab (stat gram stain) [ ] 17.5 ☐ 1 Urethral swab (NG culture) [ ]
18	**Today's Diagnosis** [ ][ ] ☐ Primary Syphilis (A51.0) ☐ Secondary Syphilis (A51.3) ☐ Early Latent Syphilis (A51.5) ☐ Late Latent Syphilis (A52.8) ☐ Latent Syphilis, unspecified as early or late (A53.0) ☐ Syphilis, unspecified (A53.9) ☐ Tertiary Syphilis (A52.7) ☐ Gonococcal Urithritis (A54.0) ☐ Gonococcal proctitis (A54.6) ☐ Nonspecific urethritis; nongonococcal/nonveneral (N34.1) ☐ Chlamydial urethritis (A56.0) ☐ Chlamydial epididymitis (A56.1) ☐ Chlamydial infection of anus and rectum (A56.3) ☐ Chancroid (A57) ☐ Lymphogranuloma Venereum; LGV (A55) ☐ Herpesviral infection of urogenital tract (A60.0) ☐ Herpesviral infection of perianal skin and rectum (A60.1) ☐ Condyloma Acuminata ; Veneral Warts (A63.0) ☐ Proctitis, non specific (K62.8) ☐ Penile Ulcer (N48.5) ☐ other; specify____

19	**Today's treatment (if any)** ☐ Benzathine penicillin G ☐ Ceftriaxone ☐ Cefixime ☐ Doxycycline ☐ Azithromycin ☐ Acyclovir ☐ other; specify
20	**Next follow up visit: [__][__]/[__][__]/20[__][__]** **Reason**______________________________
21	**Next scheduled visit: [__][__]/[__][__]/20[__][__] (every 3 months)**
22	**Nurse's note** ______________________________ [ ][ ] ______________________________
23 24	**Signature:**_____________________ **Date:[__][__]/[__][__]/20[__][__]**