| Last Name | First (& Nickname) | Address (Street) | (Apt. #) | Home Phone |
|---|---|---|---|---|
| Cooke | Debra | 415 Abrams Ave | | (404) 213-8946 |

| City | State | Age/D.O.B. | Race | Ethnicity | Sex | Marital Status |
|---|---|---|---|---|---|---|
| Stone Mountain 30088 | Ga | 43 | ✔ B ~~A PI~~ ~~AI AN~~ ~~O U~~ | H ✔ | M ✔ | S ✔ W D SP U |

| Height | Size/Build | Hair | Complexion | Pregnant? | Place of Employment/Hours/Phone |
|---|---|---|---|---|---|
| 5'4" | med | blonde | fair | Y ____ Wks. ✔ U | none |

| Exposure First | Freq. | Last | Original Patient ID. Number |
|---|---|---|---|
| 01/01/93 | | 11/24/2007 | 01000482008 |

Other Identifying, Locating, or Medical Information

| Referral Basis: | | Disease 1 | Disease 2 | Initiating Agency |
|---|---|---|---|---|
| ✔ Partner | P1 | 730 | 900 | DeKalb |
| Cluster | | | | Invest. Agency: DeKalb |
| Positive Lab Test | | | | Clinic Code: 02 |
| OOJ/ICCR | | | | |

| Examination Date | Test | Result | Provider |
|---|---|---|---|
| 05/30/2008 | VDRL | 1:32 | DeKalb - STD |
| 05/30/2008 | FTA | P | DeKalb - STD |
| 05/30/2008 | EIA/WB | N | DeKalb - STD |

| Treatment Date | Drugs | Dosage | Provider |
|---|---|---|---|
| 05/30/2008 | Biccillin | 2.4 mu | DeKalb - STD |

| FR Number | OOJ No. | OOJ Area | Due Date |
|---|---|---|---|
| 3456801D | | | |

**Disease 1**

| | | | |
|---|---|---|---|
| Interviewer Number: | 201 | Disposition: | E |
| Date Initiated: | 06/04/2008 | Dispo Date: | 06/04/2008 |
| Type Interview: | O | Diagnosis: | 720 |
| Type Referral: | 1 | Worker Number: | 201 |
| New Case #: | 0100412008A | | |
| Post-test Counseled? | ☐ Yes ✔ No | | |

**Disease 2**

| | | | |
|---|---|---|---|
| Interviewer Number: | 201 | Disposition: | 6 |
| Date Initiated: | 06/04/2008 | Dispo Date: | 06/04/2008 |
| Type Interview: | P | Diagnosis: | |
| Type Referral: | 1 | Worker Number: | 201.00 |
| New Case #: | | | |
| Post-test Counseled? | ☐ Yes ✔ No | | |

030 - HepB acute w/o delta
031 - HepB acute w/ delta
033 - HepB chronic w/o delta
034 - HepB chronic w/ delta
042 - Hepatitis delta
051 - Hepatitis C, acute
053 - Hepatitis E
054 - Hepatitis C, chronic
070 - Hepatitis, unknown
100 - Chancroid
200 - Chlamydia
300 - Gonorrhea
350 - Resistant Gonorrhea
400 - NGU
410 - Pediculosis
420 - Scabies
450 - MPC
460 - Bacterial Vaginosis
470 - Trichomoniasis
480 - Candidiasis
490 - PID Syndrome
500 - Granuloma Inguinale
600 - LGV
700 - Syphilis, unknown
710 - Syphilis, primary
720 - Syphilis, secondary
730 - Syphilis, early latent
740 - Syphilis, unknown duration
745 - Syphilis, late latent
750 - Syphilis, late w symptoms
800 - Genital Warts
850 - Genital Herpes
900 - HIV Infection
901 - Recounsel of previous HIV
950 - AIDS (Syndrome)
951 - Recounsel for previous AIDS case

**STD Disposition Codes**

A - Preventative Treatment
B - Refused Preventative Treatment
C - Infected, Brought to Treatment
D - Infected, Not Treated
E - Previously Treated for This Infection
F - Not Infected
G - Treated, Not Tested
H - Unable to Locate
J - Located, Not Examined and/or Treated
K - Sent Out Of Jurisdiction
L - Other
S - Successful Completion
U - Unsuccessful Completion
Q - Administrative Closure
X - Patient Deceased

**HIV Disposition Codes**

1 - Previous Positive
2 - Previous Negative, New Positive
3 - Previous Negative, Still Negative
4 - Previous Negative, Not Re-tested
5 - Not Previously Tested, New Positve
6 - Not previously Tested, New Positive
7 - Not Previously Tested, Not Tested Now
G - Insufficient Information to Begin Investigation
H – Unable To Locate
J – Located, Refused Counseling and testing
K – Out Of Jurisdiction
L - Other

**P1** – Sex Partner
**P2** – Needlesharing Partner
**P3** – Both Sex and Needle

**S1** – Suspect 1
**S2** – Suspect 2
**S3** - Suspect 3

**A1** – Associate 1
**A2** – Associate 2
**A3** – Associate 3

**Type Interview**
O – Original interview
R – Reinterview
C – Cluster
P – posttest Counseling
U – Unable to Interview (But Partners/Clusters are Initiated)

**OOJ/ICCR Codes**
1 – Partner
2 – Cluster
3 – Positive test

**Type Referral**
1 – Patient
2 - Provider