

State of Montana
 STD/HIV Section
 Cogswell Building
 Box 202951
 Helena, MT 59620-2951

Field Record/Contact Referral Form
Confidential Disease Reporting Fax: 1-800-616-7460

First (&Nicknames) Last Name				Address (Street) (Apt. #)				Home Phone									
City		County		State	Zip	Age/D.O.B.		Race		Ethnicity	Sex	Marital Status					
Height	Size/Build		Hair	Complexion	Pregnancy Status		PID		Place of Employment/Hours/Phone								
<table border="1"> <tr> <th colspan="2">Exposure</th> </tr> <tr> <td>Initial</td> <td>Last</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				Exposure		Initial	Last			Referred by:				Other Identifying, Locating, Medical or CONTACT Information			
Exposure																	
Initial	Last																
Date Referred:																	
REFERRAL BASIS:		Disease 1		Disease 2		Disease 1 Disposition: Disposition Date: Disease 2 Disposition: Disposition Date:											
Lab Collection Date		Test Type/Source		Result		Provider											
Report Date						900 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 Positive 6. Not Previously Tested, New Negative 7. Not Previously Tested, Refused Testing Now G. Insufficient Information to Begin Investigation H. Unable to Locate J. Located, Refused Examination K. Out of Jurisdiction L Other											
Treatment Date		Drug		Dosage								STD Disposition Codes A. Preventive Treatment B. Refused Preventive Treatment C. Infected, Brought to Treatment D. Infected, not Treated E. Previously Treated for this Infection F. Not Infected G. Insufficient Information to Begin Investigation H. Unable to Locate J. Located, Refused Examination K. Out of Jurisdiction					

- Fill in Disposition Box and return to DPHHS
- IF PARTNER IS TESTED & TESTS POSITIVE, FILL OUT STD CASE REPORT FORM & FAX TO DPPHS