

All providers who diagnose or treat a reportable sexually transmitted infection are required to report to the local health authority within seven (7) days. Complete all spaces or check all boxes as appropriate. Shaded areas are not required by law, but necessary for appropriate identification or follow up.

STD-27 (Rev 11/2022)

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED INFECTIONS (STI)**

Use the spaces below to report your patient's sexual or needle sharing partner(s) for confidential notification by a Disease Intervention Specialist (DIS).
When those listed below are notified of exposure, the DIS will not reveal your patient's identity.

Please consult me or my designated staff before contacting my patient: <input type="checkbox"/>								
Designated Staff Person:		Telephone:		Extension:		Best time to call me or my staff:		
Partner's Name (Last, First, MI.)		Nickname or alias:		Hispanic Ethnicity Yes <input type="checkbox"/> No <input type="checkbox"/>		Race	Sex	DOB or approximate age
Partner's Address (Street, Apartment, City, State)		Telephone: Home: Work:		Best time to call or visit partner:				
Date of last exposure to patient: Partner's Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Partner's Place of Employment: Work Hours:				Treatment given: Date:				
Partner's Name (Last, First, MI.)		Nickname or alias:		Hispanic Ethnicity Yes <input type="checkbox"/> No <input type="checkbox"/>		Race	Sex	DOB or approximate age
Partner's Address (Street, Apartment, City, State)		Telephone: Home: Work:		Best time to call or visit partner:				
Date of last exposure to patient: Partner's Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Partner's Place of Employment: Work Hours:				Treatment given: Date:				
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Fax to Texas Department of State Health Services Region 2/3 DIS @ 817-264-4778								