DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02962 (02/2022)

STATE OF WISCONSIN

DISSEMINATED GONOCOCCAL INFECTION (DGI) PROVIDER WORKSHEET

Patient Information

Name (Last, First, Middle)		Date of Birth	
Street Address	City	State	ZIP Code

Gender

☐ Male ☐ Female ☐ Female-to-Male (FTM) ☐ Male-to-Female (MTF) ☐ Other ☐ Unknown

Race/Ethnicity

Pregnancy/Postpartum Status	Gestational Age	Postpartum Date of Delivery

Outcome of Fetus including any gonorrhea related symptoms or illness

Patient Past Medical Hx: Condition/Diagnosis	Yes	No	Unknown
Complement deficiency	☐	☐	☐
Previous disseminated gonococcal infection (DGI)	☐	☐	☐
Previous meningococcal infection	☐	☐	☐
HIV infection	☐	☐	☐
Atypical hemolytic uremic syndrome (aHUS)	☐	☐	☐
Generalized myasthenia gravis (GMG)	☐	☐	☐
Paroxysmal nocturnal hemoglobinuria (PNH)	☐	☐	☐
Immunosuppressive therapy (e.g. steroids, chemotherapy, radiation)	☐	☐	☐
Systemic lupus erythematosus (SLE)	☐	☐	☐
Hepatitis C infection	☐	☐	☐
Hepatitis B infection	☐	☐	☐

	Yes	No	Unknown	If yes, provide details
Malignancy	☐	☐	☐	
Other	☐	☐	☐	
Antibiotic history in the last month before DGI diagnosis	☐	☐	☐	
Eculizumab use	☐	☐	☐	
If not Eculizumab, similar compliment inhibiting biologic agent	☐	☐	☐	

Gonorrhea Symptoms	Yes	No	Unknown	Date of Onset
Penile/vaginal discharge	☐	☐	☐	
Dysuria	☐	☐	☐	
Sore throat	☐	☐	☐	
Rectal bleeding, discharge, and/or pain	☐	☐	☐	

Gonorrhea Symptoms	Yes	No	Unknown	Date of Onset
Abdominal or pelvic pain	☐	☐	☐	
Testicular pain or swelling	☐	☐	☐	
Other, specify:	☐	☐	☐	

Patient Past Medical Hx: DGI Symptoms

Date Symptoms Began:	Date First Sought Medical Care:

Facility DGI Symptoms first presented (example: Urgent Care):

☐ Fever	☐ Meningitis	☐ Septic arthritis
☐ Bacteremia	☐ Myocarditis	☐ Tenosynovitis
☐ Endocarditis	☐ Petechial/ pustular skin lesions	☐ Unknown
☐ Hepatitis	☐ Polyarthralgia	☐ Other, specify:

Any DGI related surgeries ☐ Yes ☐ No ☐ Unknown	If Yes Please Describe:
If admitted to hospital for how many days:	What was the clinical outcome? ☐ Survived ☐ Died ☐ Unknown

If deceased, date and cause of death:

Patient Past Medical Hx: DGI Treatment

☐ Ceftriaxone 1 g IM or by IV every 24 hours	☐ Ceftizoxime 1 g every 8 hours
☐ Ceftriaxone 1–2 g IV every 12-24 hours	☐ Cefotaxime 1 g by IV every 8 hours

☐ Other, specify:

If not treated for DGI why?

Patient Past Medical Hx: Gonorrhea Testing Including Disseminated and Non-Disseminated Sites for the past year

Date of Specimen Collection	Test Type	Specimen Type	Result

Notes: