

PATIENT'S LAST NAME

FIRST NAME

M.I.

Syphilis

Syphilis stage

- Primary (lesion/sore present)
Secondary (rash/condyloma lata present)
Early latent (<=1 year)
Late latent (>1 year)
Probable Congenital syphilis

Symptoms/Sign

- None, Genital ulcer, Rectal/perianal ulcer, Oral ulcer, Rash, Alopecia, Condyloma lata, Neurological symptoms, Other:

Onset Date: []-[]-[]

Neurosyphilis? Yes No Unknown

Blood test - collection date: []-[]-[]

- RPR, VDRL, FTA-ABS, TP-PA, EIA/CIA with Neg/Pos checkboxes and Titer 1: []

Other (test name/result): []

CSF - collection date: []-[]-[]

CSF-VDRL Neg/Pos: Titer 1: []

CSF WBC [] mm3 CSF protein [] mg/dl

Infants only Live birth Still birth
Gestation [] wks. Weight [] grams

Long bone x-rays consistent with congenital syphilis? No Unknown Yes Not done

Infant's serum RPR titer 4X mothers? No Yes

Mothers only (complete only if this is baby's CMR)

Syphilis stage: []

Serology (at delivery) RPR VDRL Titer 1: []

RX (meds & date/s): []

Partner Information

Number Partners (last 12 months): [] Number Treated: []

Patient Rx - Medication(s) and Doses:

Treatment date(s):

Allergic to: Penicillin Cephalosporins Not treated

Benzathine penicillin G 2.4MU IM once []-[]-[]

Benzathine penicillin G 2.4MU IM once []-[]-[]

Benzathine penicillin G 2.4MU IM once []-[]-[]

Doxycycline 100mg bid x 14 d []-[]-[]

Doxycycline 100mg bid x 28 d []-[]-[]

Other med(s): []

Treatment date(s):

[]-[]-[]

[]-[]-[]

CONGENITAL SYPHILIS

Provide info. below on MOTHER (if this is infant's CMR) or INFANT (if this is mother's CMR).

Send CMRs for both mother & infant

LAST NAME []

FIRST NAME M.I. []

MEDICAL RECORD NUMBER []

BIRTHDATE: []-[]-[]

FAX TO: (213) 749-9602
MAIL TO: Division of HIV and STD Programs
2615 S. Grand Avenue, Room 450
Los Angeles, CA 90007

Complete STD CMR on-line or download at http://publichealth.lacounty.gov/std/providers.htm.
For a custom electronic or printed form, prepopulated with your information, contact
stdreporting@ph.lacounty.gov or (213) 741-8000. Do not send completed forms by email.

For info. on STD reporting: http://publichealth.lacounty.gov/dhsp/ReportCase.htm (213) 744-3106

For info. on HIV reporting: http://publichealth.lacounty.gov/dhsp/ReportCase.htm (213) 351-8516