



PATIENT'S LAST NAME

FIRST NAME

M.I.

PATIENT'S DATE OF BIRTH

PROVIDER NAME

PROVIDER TEL #

PROVIDER FAX #

Syphilis

Syphilis stage

- Primary (lesion/sore present)
Secondary (rash/condyloma lata present)
Early latent (<=1 year)
Late latent (>1 year)
Probable Congenital syphilis
Neurosyphilis (if checked, indicate stage above)

Symptoms/Signs

- None, Genital ulcer, Rectal/perianal ulcer, Oral ulcer, Rash, Palmar/Plantar, Condyloma lata, Otic, Neurological symptoms, Ocular

Other:

Onset Date (mm/dd/yy):

Laboratory Name:

Blood test - collection date (mm/dd/yy):

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

Other (test name/result):

CSF - collection date (mm/dd/yy):

CSF-VDRL with Neg/Pos checkboxes and Titer 1 field

CSF WBC mm3 and CSF protein mg/dl

Infants only Live birth, Still birth, Neonatal death (Death <29 days after birth)

Gestation weeks and 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: Neurosyphilis

Serology (at delivery) RPR, VDRL Titer 1:

RX (meds & date/s):

Partner Information

Number Partners (last 12 months): and Number Treated:

Patient Rx - Medication(s) and Doses:

Treatment date(mm/dd/yy):

Allergic to: Penicillin, Cephalosporins, Not treated

- Bicillin LA or Extencilline 2.4MU IM once
Doxycycline 100mg bid x 14 d
Doxycycline 100mg bid x 28 d

Treatment date(mm/dd/yy):

Ceftriaxone 1 g IM or IV x10-14 d

DoxyPEP

Treatment start date(mm/dd/yy):

Treatment end date(mm/dd/yy):

Aqueous crystalline penicillin G 18-24MU IV

Treatment date(mm/dd/yy):

Other meds:

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 OR MAIL TO: Division of HIV and STD Programs 600 S. Commonwealth Ave., 10th Floor, Los Angeles, CA 90005

Complete STD CMR on-line or download at: http://publichealth.lacounty.gov/dhsp/InfoForProviders.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) 368-7441 For info. on HIV reporting: http://publichealth.lacounty.gov/dhsp/ReportCase.htm (213) 351-8516