

PATIENT'S LAST NAME

FIRST NAME

M.I.

SYPHILIS

Syphilis

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

Symptoms/Signs

- None Genital ulcer Rectal/Perianal ulcer Oral ulcer
- Rash Alopecia Condyloma lata Neurological symptoms
- Other: _____

Onset Date: [] [] - [] [] - [] []

Neurosyphilis? Yes No Unk.

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

- | | | | |
|---------|------------------------------|------------------------------|-------------------------------|
| RPR | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos | } Titer 1: [] [] [] |
| VDRL | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos | |
| FTA-ABS | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos | |
| TP-PA | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos | |
| EIA/CIA | <input type="checkbox"/> Neg | <input type="checkbox"/> Pos | |
- Other (test name/result): _____

Infants only Live birth Still birth

Gestation [] [] [] wks. Weight [] [] [] grams

Long bone x-ray consistent with congenital syphilis? No Yes Unknown 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): _____

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

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

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

Partner Information

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

Patient Rx – Medication(s) and Doses:

- 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 days
- Doxycycline 100mg BID x 28 days
- Other med(s): _____

Treatment date(s):

[] [] - [] [] - [] []

[] [] - [] [] - [] []

[] [] - [] [] - [] []

[] [] - [] [] - [] []

[] [] - [] [] - [] []

[] [] - [] [] - [] []

Allergic to:

- Penicillin
- Cephalosporins
- Not treated

Congenital Syphilis: Provide information below on **Mother** (if this is infant's CMR) or **Infant** (if this is mother's CMR).
Send CMRs for both mother & infant

PATIENT'S LAST NAME

FIRST NAME

M.I.

MEDICAL RECORD NUMBER

BIRTHDATE

Fax to: (626) 744-6115

Complete STD CMR (download at www.cityofpasadena.net/public-health)

Mail to: Pasadena Public Health - Nursing
1845 North Fair Oaks Ave., Room 2119
Pasadena, CA 91103

For info on STD: 626-744-6089
For info on HIV testing: 626-744-6190