



PATIENT'S LAST NAME (COMPLETE SECTIONS 1 & 2 FIRST)

FIRST NAME

M.I.

Grid for patient last name

Grid for patient first name

Grid for patient middle initial

ADULT SYPHILIS

Primary Syphilis: Onset Date, Lesion Sites (Genital, Rectum, Oral, Other, Vagina, Perirectal)

Secondary Syphilis: Onset Date, Symptoms (Palmar/Plantar Rash, General Body Rash, Alopecia, Other)

Latent Syphilis: Early Latent (<=1 Year), Late Latent (>1 Year), Latent, Unknown Duration, Late Syphilis, Neurosyphilis, Describe Symptoms

Specimen Collection Date, Titer, CSF-VDRL, Partner Information, Patient Treated, Date(s) Treated, Medication / Dose

CONGENITAL SYPHILIS (SEPARATE CMRS SHOULD BE SUBMITTED FOR MOTHER & INFANT)

INFANT INFORMATION

MATERNAL INFORMATION

(complete sections A & B if this is mother's CMR; Complete only B if this is infant's CMR)

(complete if this is infant's CMR)

A INFANT'S LAST NAME

MOTHER'S LAST NAME

INFANT'S FIRST NAME

MOTHER'S FIRST NAME

INFANT'S BIRTH DATE, GENDER (M, F)

MOTHER'S BIRTH DATE, Lumbar Puncture Done (Yes, No)

B WEIGHT (grams), GESTATION (wks), Live Birth, Still Birth

MOTHER'S SEROLOGY AT DELIVERY, Lab Test Date

DESCRIBE SYMPTOMS: (None)

MOTHER'S STAGE OF SYPHILIS AT DIAGNOSIS (Primary, Secondary, Early Latent, Late Latent, Latent, Unknown Duration, Late Syphilis)

Long Bone X-rays: Positive, Negative, Not Done

Titer: I :

Serum RPR Lab. Test Date, CSF Laboratory Test Date

Reactive: Yes, No

VDRL: Reactive, Non-reactive; WBC >5/mm³; Protein >50mg/dl

DATE(S) TREATED, MEDICATION / DOSE

Titer 4x> mothers? (Yes, No); DATE INFANT TREATED, MEDICATION / DOSE

OTHER REPORTABLE STDs

DIAGNOSIS (Pelvic Inflammatory Disease, LGV, Chancroid), TREATED (Yes, No), DATE TREATED, MEDICATION / DOSE

4 FAX BOTH SIDES TO: (213) 749-9602

5 TO REQUEST CMR FORMS & ENVELOPES: Call (213) 741-8000 or DOWNLOAD at: www.lapublichealth.org/std/providers.htm

MAIL TO: STD PROGRAM, 2615 S. GRAND AVENUE, RM. 450, LOS ANGELES, CA 90007

FOR CASE DEFINITIONS & REPORTING QUESTIONS: Visit www.lapublichealth.org/std/providers.htm or call (213) 744-3106

FOR HIV REPORTING: Call: (213) 351-8516 or visit www.lapublichealth.org/hiv