CONGENITAL SYPHILIS CASE INVESTIGATION AND REPORT 333 SOUTH STATE STREET, SUITE 200 | CHICAGO, IL 60604

PHONE: 312.747.9867 | FAX: 312.745.3923





| PART I – MATERNAL INFORMATION | | | | | |
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| 1. Mother's Name: | | _ 2. Med. Record | No: 3. | Mother's Country of Birth: | |
| 4. Street Address: | | Apt. No | 5. ZIP Code: | 6. Phone No: | |
| 7. Delivery Hospital: | 8. Mother's P | hysician: | 9. Physician | n's Phone No: | |
| 10. Mother's DOB: Un | k 11. Mother's Age: | 12. Was | Mother Homeless or Housing Insecure D | uring Pregnancy? Yes | No Unk |
| 13. Race: American Indian/Alaskan Native | African American/B | lack Caucasian | /White Asian Native Hawaiian/Pac | ific Islander Other U | Ink |
| 14. Ethnicity: Hispanic/Latino Not Hispa | nic/Latino Unk 15 | 5. Marital Status: | Single/Never Married Married Se | eparated/Divorced Wido | owed Unk |
| 16. Mother's Obstetric History: G P (G = pregnancies P = live births) 17. Last Menstrual Period (LMP) Before Delivery: Unk | | | | | |
| 18a. Did Mother Have Prenatal Care? Yes No Unk (If No or Unk, go to No. 21) 18b. Number of Prenatal Care Visits: Unk | | | | | |
| 19a. Date of First Prenatal Care Visit: Unk 19b. Indicate Trimester of First Prenatal Visit: First Second Third Unk | | | | | |
| 20a. Prenatal Care Provider: | | | | | |
| 21. Mother's Health Insurance Status: Med | | | | | |
| 22. Did Mother Have a Non-Treponemal or Treponemal Test at: (a) First Prenatal Visit? Yes No Unk (b) 28-32 Weeks Gestation? Yes No Unk | | | | | |
| (c) Delivery or Within Three Days of Delivery? Yes No Unk | | | | | |
| 23. Indicate Dates and Results of (a) First and (b) Most Recent NON-TREPONEMAL Tests During Pregnancy and at Delivery ▼ | | | | | |
| DATE | RESULT | TITER | | | |
| (a) Unk No Test | | Jnk | | | |
| (b) Unk No Test | | Jnk | | | |
| 24. Indicate Dates and Results of (a) First and | | | ring Pregnancy and at Delivery ▼ | | |
| DATE | (a)a.ta.t | TEST TYPE | RES | JLT | |
| (a) Unk No Test | EIA/CLIA FTA-ABS | | P-PA Other Unk Reactive | NR Unk | |
| (b) Unk No Test | EIA/CLIA FTA-ABS | | P-PA Other Unk Reactive | NR Unk | |
| 25. Did Mother Have Darkfield or Direct Fluor | | | | No Test of Lesion No Le | sion Unk |
| 26. What was Mother's HIV Status During Pre | • • | | Not Tested Unk | NO TEST OF LESION NO LE | 31011 OTIK |
| | | | | aus Databas — Candulama | Lata Alamasia |
| 27a. Did Mother Have Any Signs/Symptoms o | | | · · · | ous Patches Condyloma | • |
| 28. What was Mother's Stage of Syphilis Durin | | | , , | viously Treated/Serofast | Other Unk |
| 29. Before This Delivery, When was Mother's | | ilis? Before Preg | nancy During Pregnancy < 30 Days | Before Delivery No Trea | atment Unk |
| | | | | | |
| 30a. If Treated, First Dose of Treatment Most | Recent to Delivery ▼ | DATE STARTER | TDF 4 TA FAIR | | DATE CTARTER |
| TREATMENT | | DATE STARTED | TREATMENT | | DATE STARTED |
| TREATMENT Benzathine Penicillin G (<i>Bicillin</i>) 2.4 million | units IM single dose | DATE STARTED | Doxycycline 100 mg PO BID >>> | x 14 days x 28 days | DATE STARTED |
| TREATMENT Benzathine Penicillin G (<i>Bicillin</i>) 2.4 million Benzathine Penicillin G (<i>Bicillin</i>) 2.4 million | units IM single dose units IM x 2 weeks | DATE STARTED | Doxycycline 100 mg PO BID >>> or Erythromycin 500 mg PO QID x 14 day | x 14 days x 28 days | DATE STARTED |
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