

Illinois Perinatal Syphilis Warmline: 800-439-4079

PATIENT RECORD SEARCH REQUEST FORM

Instructions: Complete this form to confirm previous syphilis serology and treatment information about your patient from state, county or local public health authorities. **Please call the Warmline at 1-800-439-4079 for pre-approval and guidance. Once pre-approved, return this form and a coversheet that includes your facility or institution's letterhead to the Illinois Perinatal Syphilis Warmline via confidential fax# 312-694-0843.** Please note that new reactive syphilis test results are required by law to be reported to the local public health authority who may contact you for further information. Hover mouse over any field below for extra tips.

HEALTH CARE PROVIDER INFORMATION			
Provider Name:		Today's Date:	
Facility/Institution:			
Office Phone #:		Office Fax #:	

PATIENT INFORMATION			
Pregnancy Status:	Pregnant	Non-Pregnant	Infant/Newborn
<i>If pregnant</i>	EDD/EDC:		Current Gestational Age:
Patient Name:			Date of Birth:
Patient Previous Names (maiden/aliases):			
Patient Current Address:			Patient Phone #:

PATIENT SYPHILIS SEROLOGY AND TREATMENT INFORMATION					
Current Test Results					
Name of Test	Latest Test Result(s)				Latest Date of Test
	<i>Please mark only if test was conducted and resulted either: Reactive (+) or Non-reactive (-)</i>				
RPR / VDRL	R	N	Titers:	1:	
FTA-ABS	R	N			
TP-PA	R	N			
EIA	R	N			
CIA/CMIA	R	N			
Other (Specify):	R	N			
Reason for Current Presentation (i.e., signs/symptoms, reason for test):					
Previous Treatment History and Additional Syphilis Serology (include specific testing and treatment date/locations):					