

MEDICAL RECORD	SEROLOGY RECORD
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SECTION I - HISTORY OF PRESENT INFECTION

SOURCE OF REFERRAL			INCIDENT TO		
VOLUNTARY	PHYSICAL INSPECTION	HOSPITALIZATION	PRENATAL		
CONTACT REPORT	BLOOD TRANSFUSION	PREMARITAL	OTHER (Specify):		
DATES			DIAGNOSTIC CRITERIA (Enter results of tests)		
ONSET SYMPTOMS	REQUESTED TREATMENT	DIAGNOSIS ESTABLISHED	DARKFIELD	S.T.S.	
DIAGNOSIS (Include stage and diagnosis No.)			SPINAL FLUID (If indicated)		
			OTHER (List)		
CLINICAL DATA (Include chief complaint, physical findings - eye, cardiovascular and nervous system, even in early syphilis)			STD CONTACT FORM SERIAL NUMBERS		
RECOMMENDED TREATMENT			RECOMMENDED FOLLOW-UP		
SIGNATURE OF PHYSICIAN		NAME OF PHYSICIAN		DATE	

I HAVE BEEN INFORMED BY THE MEDICAL OFFICER THAT I HAVE BEEN DIAGNOSED AS HAVING SEXUALLY TRANSMITTED DISEASE AS INDICATED ABOVE; THE NATURE OF THIS DISEASE HAS BEEN EXPLAINED TO ME; I UNDERSTAND THAT MY COOPERATION IS NECESSARY IN THE TREATMENT AND PROLONGED OBSERVATION (Including certain prescribed tests) FOR THE CARE OF THIS DISEASE. DISCLOSURE OF THIS INFORMATION IS REQUIRED BY LAW.

SIGNATURE OF PATIENT	DATE
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SECTION II - HISTORY OF PAST SEXUALLY TRANSMITTED INFECTIONS OR TREATMENTS

DATE	DISEASE (Give stage)	PRIOR TO FEDERAL SERVICE		TREATMENT (Give type, amount and dates)	TREATING AGENCY	PLACE (Institution and City)
		YES	NO			
1						
2						
3						

SECTION III - TREATMENT

NO.	TREATMENT	DATE STARTED	DATE ENDED	SIGNATURE OF PHYSICIAN
1				
2				
3				

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
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**SEROLOGY RECORD
Medical Record**

SECTION IV - LABORATORY SUMMARY**DARKFIELD EXAMINATION**

DATE	RESULTS	SOURCE OF SPECIMEN	LABORATORY	NAME OF CONFIRMING OFFICER
1				
2				

NONSPECIFIC TREPONEMAL TESTS (VDRL, RPR, ART)

DATE	TYPE	RESULT (Include titer value)	LABORATORY	DATE	TYPE	RESULT (Include titer value)	LABORATORY
1				4			
2				5			
3				6			

SPECIFIC TREPONEMAL TESTS (FTA-ABS, MHA-TP, TPHA, TPI)

DATE	TEST TYPE	RESULTS
1		
2		

SPINAL FLUID EXAMINATIONS

DATE	CELLS	TOTAL PROTEIN	NONSPECIFIC AND/OR SPECIFIC TESTS (Including titer)	LABORATORY WHERE DONE
1				
2				

SECTION V - EVALUATION OF THERAPY

DATE	FACILITY WHERE EVALUATED	RESULT		DATE OF RETREATMENT	PHYSICIAN'S SIGNATURE
		SATISFACTORY	UNSATISFACTORY**		
1					
2					
3					

* Satisfactory result cannot be reported without normal spinal fluid findings.

** Specify: Infectious Relapse: Sero-Relapse, Neuro-Relapse, Incomplete data on Spinal Fluid, Other (Specify)

REASON FOR INCOMPLETE FOLLOW-UP			PATIENT'S HOME ADDRESS ON SEPARATION		
DATE	PLACE		STREET ADDRESS		
TYPE OF SEPARATION		AUTHORITY FOR DISCHARGE	CITY	STATE	ZIP CODE
CIVILIAN HEALTH DEPARTMENT TO WHICH CASE RESUME WAS SENT			REINFECTION (Give date new record was opened)		

REMARKS (Include significant posttreatment clinical findings)

SECTION VI - MEDICAL OFFICER CLOSING THIS RECORD

NAME (Typed or printed)	SIGNATURE	STATION	DATE

SECTION VII - MEDICAL OFFICER SENDING ABSTRACT TO DEPARTMENT OF VETERANS AFFAIRS ON DISCHARGE

NAME (Typed or printed)	SIGNATURE	STATION	DATE