



Delaware Confidential Morbidity Report—Sexually Transmitted Diseases

Patient Name (Last, First, MI)	SSN	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Phone	Date of Birth / /	

Patient Address	City	State	Zip	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Prev 12 months
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Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other/Unknown
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**Laboratory Tests (1)**  
***N. gonorrhoea***

Confirmed Positive  
by \_\_\_\_\_

Presumptive Positive  
Beta Lactamase Positive   
Negative

Date \_\_\_\_\_

**Diagnosis (2) Syphilis (check only one)**

Primary  
 Secondary  
 Early latent (<1 year)  
 Late latent (>1 year)  
 Congenital (See Cong. Section)  
 Neurosyphilis

***C. trachomatis***

Confirmed Positive  
by \_\_\_\_\_

Date \_\_\_\_\_

**Chlamydia (check all that apply)**

Asymptomatic  
 Symptomatic  
 Pelvic Inflammatory Disease  
 Conjunctivitis  
 Other \_\_\_\_\_

**Site**

Cervix  
 Urethra  
 Other \_\_\_\_\_

**Syphilis**

RPR  Reactive \_\_\_\_\_dls  
 Non-reactive

VDRL  Reactive \_\_\_\_\_dls

TP-PA  Reactive  
 Non-reactive

FTA-ABS  Reactive  
 Non-reactive

Other  \_\_\_\_\_

Date \_\_\_\_\_

**Gonorrhea (check all that apply)**

Asymptomatic  
 Symptomatic  
 Pelvic Inflammatory Disease  
 Disseminated  
 Conjunctivitis  
 Antibiotic resistant  
 Other \_\_\_\_\_

**Site**

Cervix  
 Urethra  
 Rectum  
 Pharynx  
 Other \_\_\_\_\_

**Reported by: (3)**

\_\_\_\_\_  
Laboratory Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Reported \_\_\_\_\_

**Other STDS (check all that apply)**

NGU  
 Herpes  
 Chancroid  
 Mucopurulent Cervicitis  
 HIV  
 Granuloma inguinale  
 Human Papilloma Virus  
 Lymphogranuloma Venereum  
 Other (specify) \_\_\_\_\_

**Congenital Syphilis (4)****Infant Information** Live Birth  Weight in grams \_\_\_\_\_ Still birth  Born alive, then died Date\_\_\_\_\_

Estimated gestation age (weeks) \_\_\_\_\_

 Darkfield PositiveLong Bones X-rays  Positive  NegativeCFS VDRL  Reactive  Non-reactiveWBC >5/mm3  Yes  NoProtein >50 mg/dl  Yes  No Hepatosplenomegaly Cutaneous lesions Snuffles Asymptomatic Other \_\_\_\_\_**Maternal Information**

Mother's Name \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Mother's Birth Date \_\_\_\_\_

Mother's Race  White  Black American Indian/Alaskan Native Asian/Pacific IslanderEthnicity  Hispanic  Non-HispanicMother's Diagnosis \_\_\_\_\_  
(Stage)by \_\_\_\_\_  
(Physician)Prenatal Care \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date First Visit)

Total visits \_\_\_\_\_

 **No Prenatal Care****Mother's Serology History**

	Date	Titer		Date	Result
RPR			FTA		
RPR			TP-PA		
RPR					

**Treatment (5) Based upon Diagnosis section 2** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 2.4 mu Benzathine Pen G Ciprofloxacin 500 mg 7.2 mu Benzathine Pen G Azithromycin 1 gm Ceftriaxone Sodium Doxycycline 100 mg BID X 125 mg  250 mg 7 days  14 days  (Other) \_\_\_\_\_ daysOther Treatment and Dosage  
\_\_\_\_\_**Reported by (6)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please mail completed pages of this form to: The Division of Public Health STD Program Office at 417 Federal Street, Dover, DE 19901. If you need to contact us with questions or request a copy of the DPH reporting regulations please call at (302) 744-1025 or visit our web site at <http://www.dhss.delaware.gov/dhss/dph/dpc/stds.html>