

Other

## **INVESTIGATION WORKSHEET**

Confirmed Probable Not a Case

Entered in DRSi?

# **Syphilis**

Reported	to	health	dept:

Circle type: Early latent, late latent, late, primary, secondary, neurosyphilis, or congenital syphilis POC: Outbreak investigations must be reported immediately to DRSi through the outbreak module - https://drsi.health.mil/ADRSi Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference. **DEMOGRAPHICS** NAME: (Last) (First) (MI) PARENT/GUARDIAN: \_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ FMP: \_\_\_\_ SEX: M Unk RACE: F SERVICE: RANK: DUTY STATUS: UNIT: ADDRESS: (Street) DoD ID: (State) \_\_\_\_\_(Zip) \_\_\_\_\_ (City) \_\_\_ PHONE: (County)\_\_\_\_\_(Country)\_\_\_ **CLINICAL INFORMATION** \_\_\_\_\_ Clinic/Hospital:\_ Provider: Discharge date: \_\_\_\_/\_\_\_/\_\_\_\_ Admit date: / / Y N Hospitalized Date of death: \_\_\_\_\_/\_\_\_ Cause of death: \_\_\_\_\_ Deceased Y N Clinic date: \_\_\_\_/\_\_\_ Diagnosis date: \_\_\_ Y Ν Onset date: **Symptomatic** If asymptomatic, why was the patient tested? (Check all that apply) **Pregnant** Y N HIV Reported contact to another STI case (specify): Chlaymdia Gonorrhea  $\mathbf{Y}$ N Lesions Screening Did case present with neurosyphilis (evidence Swollen lymph nodes Y N of central nervous system infection)? Rescreening after previous positive Central nervous  $\mathbf{N}$ system involvement\* Y N Unk Patient request Other (specify): Y N Other (specify): Describe: **TREATMENT** Y N Treated with antibiotics? **Date Started Duration** Type of antibiotic LABORATORY RESULTS

Test	Pathogen	<b>Collection Date</b>	Source	Result
(type of test performed)	(specify if Chlamydia or Gonorrohea)		(CSF, Serum, etc)	
Antibody		/		
Repeat aby		/		
PCR (DNA)		/		
Culture				

#### This page is to be filled out for DRSi STI Risk Surveys.

Do NOT record patient's name or partner names/identifying information on these pages.

BEHAVIORAL						
Does the patient have sex with:	Men	Women	Both	Other	Unkno	wn
Martial status: Single, never married Married Married, separated Divorced Widowed Cohabitating Committed relationship Unknown Refused to answer	Exchanged	Unknot Refused to ans	tner tner nen sex use ther own wer	12 months	referral s	
Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.  Partner # 1						
Partner type: Spouse Anonymous partner Refused to answer Other main partner Casual or periodic partner Commercial sex worker Unknown	Home station Deployed CONUS Prior to enlistn Co Yes	Under OCON	ve/liberty  way  NUS  Par  Unk	Provider refer Patient referr Dual referral None rtner testing and Yes	rral C	hosen by patient:  Third party referral  Contract referral  Other:  rmed within 30 days?  Unk  ith STI?  Unk
Partner # 2						
Partner type: Spouse Anonymous partner Refused to answer Other main partner	Location at tim Home station Deployed CONUS Prior to enlistn	Under OCON	ave/liberty way NUS	Partner notifi Provider refer Patient referr Dual referral None	rral '	hosen by patient: Third party referral Contract referral Other:
Casual or periodic partner Commercial sex worker Unknown	<u>Co</u> Yes	ondom used? No	Unk	Partner testing a	nd treatment co	onfirmed within 30 days? Unk

Unk

Yes

Partner confirmed infected with STI?

No

Unk

Partner notified of exposure within 30 days?

No

Yes

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## ADDITIONAL PARTNER INFORMATION

Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.

resting and treatment are up	propriate for all number	a partifers	or this patient who were	caposed within oo c	mys prior to th	c date of onset.	
Partner #							
Partner type: Spouse Anonymous partner Refused to answer Other main partner	Location at tine Home station Deployed CONUS Prior to enlists		On leave/liberty Underway OCONUS Other	Partner not Provider re Patient refe Dual referr	ferral erral	n chosen by patient: Third party referral Contract referral Other:	
Casual or periodic partner Commercial sex worker Unknown	<u>C</u> Yes	Condom used? Yes No Unk		<u>Partner testin</u> Yes	g and treatmen	t confirmed within 30 days? Unk	
	Partner notifie	ed of exposu	re within 30 days?	Partner confirmed infected with STI?			
	Yes	No	Unk	Yes	No	Unk	
Partner #							
<u>Partner type:</u>	Location at tin	Location at time of exposure to this partner:			Partner notification option chosen by patient:		
Spouse	Home station		On leave/liberty	Provider re	ferral	Third party referral	
Anonymous partner	Deployed		Underway	Patient refe	rral	Contract referral	
Refused to answer	CONUS		OCONUS	Dual referra	al	Other:	
Other main partner	Prior to enlist	ment	Other	None			
Casual or periodic partner	<u>C</u>	Condom used?		Partner testing and treatment confirmed within 30 days?			
Commercial sex worker Unknown	Yes	No Unk		Yes	No	Unk	
	Partner notifie	Partner notified of exposure within 30 days?		Partner con	firmed infecte	d with STI?	
	Yes	No	Unk	Yes	No	Unk	
Partner #							
Partner type:	Location at tin	Location at time of exposure to this partner:		Partner notification option chosen by patient:			
Spouse	Home station		On leave/liberty	Provider re	ferral	Third party referral	
Anonymous partner	Deployed		Underway	Patient refe	rral	Contract referral	
Refused to answer	CONUS		OCONUS	Dual referra	al	Other:	
Other main partner	Prior to enlist	ment	Other	None			
Casual or periodic partner	<u>C</u>	Condom used?		Partner testing	g and treatmen	t confirmed within 30 days?	
Commercial sex worker	Yes	No	Unk	Yes	No	Unk	
Unknown							
	Partner notifie	d of exposu	re within 30 days?	Partner con	nfirmed infecte		
	Yes	No	Unk	Yes	No	Unk	