

**WIHS MEDICAL RECORD ABSTRACTION FORM  
TOXOPLASMOSIS**

**FORM M15  
FORM VERSION 04/15/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # \_\_\_\_\_ OF \_\_\_\_\_

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**PROMPT: FOR BRAIN BIOPSY, COMPLETE FORM CA2 AND CA4  
FOR ANY CT/MRI SCAN PERFORMED, COMPLETE FORM CA6**

**SECTION B: PROCEDURES**

	<u>YES</u>	<u>NO</u>
B1. Was T. gondii documented by cytologic/pathologic examination of the brain?.....1 (END)	1	2
B2. Was the CT/MRI scan consistent with Toxoplasmosis?.....1	1	2 (END)

**SECTION C: PROGRESS NOTES**

	<u>YES</u>	<u>NO</u>
C1. Anti-toxoplasma medication prescribed?.....1	1	2 (END)
C2. Clinical response documented to anti-toxoplasma medications ?.....1	1	2 (END)
C2a. Pyrimethamine and sulfadiazine?.....1	1	2
C2b. Pyrimethamine and clindamycin? .....1	1	2
C2c. Other?.....1 i. (Specify) _____	1	2 (D1)

**SECTION D: LABS**

D1. Serum toxoplasma (IgG) antibodies?

- Positive ..... 1
- Negative ..... 2
- Not Tested ..... 3