

**ZOONOSIS DIVISION  
TOXOPLASMA LABORATORY**

**PROFORMA FOR TOXOPLASMOSIS**

**GENERAL**

**Date:**

**Name:**

**Sex:**

**HOSPITAL**

**Name:**

**Unit & Ward:**

**Regn. No.:**

**CLINICAL DETAILS**

**Pregnancy:            Yes/No**

**Period of Gestation:**

**Fever:                 Yes/No**

**Onset of Fever:**

**Rashes:               Yes/No**

**Onset of Rash:**

**Stomach pain        Yes/No**

**Eye Problem:        Yes/No**

**Sizure:                Yes/No**

**Congenital anomalies in children:**

**HISTORY OF:**

**Abortions:            Yes/No**

**No. of Abortions:**

**Delivery of congenitally**

**Malformed baby:    Yes/No**

**Ist Trimester:**

**IInd Trimester**

**IIIrd Trimester**

**Vegetarian/Non-vegetarian**

**Pet:                    Yes/No**

**Dog / Cat**