



Phone: 1 (888) 374-8824 Confidential fax: (801) 538-9923 Email: reporting@utah.gov

Syphilis confidential case report form

Instructions

Complete all sections of this form utilizing available data and fax or email* the completed form to Utah public health. As syphilis is a reportable disease, client consent to release this information to Utah public health is **not required** and disease reporting is mandatory per Utah State Health Code 26-6-6.

*case reports submitted via email need to be sent securely via an encryption service such as Virtru.

Demographic information

Last name:	First name:	MI:	
Address:	City:	State:	ZIP:
Phone #1:	Phone #2:	Phone #3:	
Date of birth: ___/___/___	Age:	Birth sex: (check one) <input type="checkbox"/> M <input type="checkbox"/> F	
Current gender: (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> FTM <input type="checkbox"/> MTF <input type="checkbox"/> Non-binary <input type="checkbox"/> Other, specify: _____			
Race: (Check all that apply)			
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown			
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____			

Laboratory information

Attach a copy of the lab results

Treatment information

For early syphilis (primary, secondary, and early non-primary non-secondary), treat with 1 dose of Benzathine penicillin OR a 14-day regimen of doxycycline. For late/unknown duration syphilis, treat with 3 weekly doses of Benzathine penicillin OR a 28-day regimen of doxycycline. Pregnant women can only be treated with penicillin. See [CDC STD Treatment Guidelines](#) for complete treatment guidelines including alternate treatment regimens.

Treatment:	Treatment date: ___/___/___
<input type="checkbox"/> Benzathine penicillin G 2.4 MU IM Dates of additional doses of penicillin ___/___/___, ___/___/___	
<input type="checkbox"/> Doxycycline 100 mg orally BID x 14 days <input type="checkbox"/> Doxycycline 100 mg orally BID x 28 days <input type="checkbox"/> Other, specify: _____	

Clinical information		
Clinician name: _____	Clinician phone #: (____) ____ - _____	
Reporting		
Reporter's name: _____	Phone number: _____	
Reporter's agency: _____	Date reported to public health: ____/____/____	
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A If yes, estimated due date: ____/____/____		
Date of last HIV test: ____/____/____	Test result: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Equivocal <input type="checkbox"/> Unknown	
Is the patient MSM (a man who has sex with men): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A		
Syphilis stage: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early non-primary non-secondary <input type="checkbox"/> Unknown or late		
Date of last negative syphilis test: ____/____/____		
Syphilis related adverse outcomes: <input type="checkbox"/> Ocular manifestations <input type="checkbox"/> Otic manifestations <input type="checkbox"/> Neurologic manifestations <input type="checkbox"/> Late clinical manifestations		
Please note: _____		
Syphilis related symptoms:		
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Condyloma lata	<input type="checkbox"/> Painful sex
<input type="checkbox"/> Alopecia (hair loss)	<input type="checkbox"/> Discharge or MPC	<input type="checkbox"/> Pharyngitis (sore throat)
<input type="checkbox"/> Balanitis	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Proctitis
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Ectopy	<input type="checkbox"/> Rash
<input type="checkbox"/> Cervical friability	<input type="checkbox"/> Epididymitis	<input type="checkbox"/> Swelling/inflammation
<input type="checkbox"/> Cervical motion tenderness	<input type="checkbox"/> Lymphadenopathy	
<input type="checkbox"/> Chancres/lesions/sores/ulcers	<input type="checkbox"/> Mucous patch	
<input type="checkbox"/> Other: _____ _____ _____ _____		

Sexual contact management

If known, complete the following information for all partners the patient has had sexual contact within the time periods listed below based on their stage of syphilis.

Primary: 3 months prior to symptom onset

Secondary: 6 months prior to symptom onset

Early non-primary non-secondary: 1 year prior to diagnosis

Late/unknown duration: 1 year prior to diagnosis plus long-term partners

Name: _____ Sex: M F DOB / age: _____

Address: _____ Phone: () _____ - _____

Other contact info: _____

Preventative treatment given (if applicable): _____ Date: ___/___/___

Name: _____ Sex: M F DOB / age: _____

Address: _____ Phone: () _____ - _____

Other contact info: _____

Preventative treatment given (if applicable): _____ Date: ___/___/___

Name: _____ Sex: M F DOB / age: _____

Address: _____ Phone: () _____ - _____

Other contact info: _____

Preventative treatment given (if applicable): _____ Date: ___/___/___

Name: _____ Sex: M F DOB / age: _____

Address: _____ Phone: () _____ - _____

Other contact info: _____

Preventive treatment given (if applicable): _____ Date: ___/___/___