Utah Department of Health and Human Services
288 North 1460 West
P.O. Box 142104
Phone: ***(801) 538-6191*** *Confidential Fax* ***(801) 538-9923***

IN PARTNERSHIP WITH
UTAH'S **PUBLIC HEALTH** DEPARTMENTS

SYPHILIS

CONFIDENTIAL CASE REPORT

INSTRUCTIONS

Please complete all sections of this form utilizing available data and fax 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.

DEMOGRAPHIC INFORMATION

Last Name: First Name: MI:

Address: City: State:

County: Zip: Date of birth: _____/_____/_____ Age:

Phone #1: Phone #2: Phone #3:

Birth Sex: *(Check one)* □ Male □ Female Current Gender: *(Check one)* □ Male □ Female

Race: *(Check all that apply)*
□ White □ Black or African American □ American Indian or Alaska Native □ Asian
□ Native Hawaiian or Pacific Islander □ Unknown □ Other, specify: _____

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino □ Unknown

Primary Language: □English □Spanish □ Other, specify: _____

LABORATORY INFORMATION

Please attach a copy of the lab results

Nontreponemal Test (e.g. VDRL, RPR) Date: ____/____/____ Result: □ Pos. □ Neg. □ Equivocal □ Pending

Specimen source: □ Blood/Serum □ CSF □ Other Titer: _____

Treponemal Test (e.g. EIA, TP-PA) Date: ____/____/____ Result: □ Pos. □ Neg. □ Equivocal □ Pending

TREATMENT INFORMATION

See CDC STI Treatment Guidelines, 2021 for complete treatment guidelines including alternate treatment regimens

Treatment: □ Benzathine penicillin G 2.4 MU IM Treatment Date: _____/_____/_____
□ Doxycycline 100 mg orally BID x 14 days
□ Other, specify: _____

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CLINICAL INFORMATION

Clinician Name: _____ Clinician Phone #: (_____) _____ - _____

Pregnant: □ Yes □ No □ Unknown □ N/A
If Yes, Estimated Due Date: _____/_____/_____

Date of Last HIV Test: _____/_____/_____ HIV Status: □ Pos. □ Neg. □ Equivocal □ Unknown

Is the patient MSM (a man who has sex with men): □ Yes □ No □ Unknown □ N/A

Syphilis Stage: □ Primary □ Secondary □ Early Non-Primary Non-Secondary □ Unknown or Late

Date of Last Negative Syphilis Test: _____/_____/_____

Syphilis Related Adverse Outcomes: □ Ocular Manifestations □ Otic Manifestations
□ Neurologic Manifestations □ Late Clinical Manifestations

Please Note: _____

Syphilis Related Symptoms:

□ Abdominal Pain
□ Alopecia (Hair Loss)
□ Adnexal Tenderness/Cervical Motion Tenderness
□ Alopecia (Hair Loss)
□ Balanitis
□ Bleeding
□ Cervical Friability
□ Chancres/Lesions/Sores/Ulcers
□ Condyloma Lata
□ Discharge or MPC
□ Dysuria
□ Ectopy
□ Epididymitis
□ Lymphadenopathy
□ Mucous Patch
□ Painful Sex
□ Pharyngitis (Sore Throat)
□ Proctitis
□ Rash
□ Swelling/Inflammation

□ Other:_____

_____

_____

_____

_____

REPORTING

Reporter's name: _____ Phone number: _____

Reporter's agency: _____ Date reported to public health: _____/_____/_____

SEXUAL CONTACT MANAGEMENT

If known, please complete the following information for all partners the patient has had sexual contact with in the last 12 months.

Name: _____ Sex: □ M □ F DOB / AGE: _____

Address: _____ Phone: ( ) _____ - _____

Other contact info: _____

Name: _____ Sex: □ M □ F DOB / AGE: _____

Address: _____ Phone: ( ) _____ - _____

Other contact info: _____

Name: _____ Sex: □ M □ F DOB / AGE: _____

Address: _____ Phone: ( ) _____ - _____

Other contact info: _____