

Phone: 1 (888) 374-8824 Confidential fax: (801) 538-9923 Email: [reporting@utah.gov](mailto: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 26B.

\*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.

<b>Treatment:</b>	<b>Treatment date:</b> ___/___/___
<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: _____	



**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: \_\_\_\_\_

Preventative treatment given (if applicable): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_