

Syphilis Follow-Up Form Please fax back to: (807) 625-4866

Date:				Clinic:					
Physician/NP/Midwife:				Clinic fax:					
Client demographics: please confirm current address and telephone number(s)/email by filling in information below or affixing label.									
Name:				Telephone #:					
Gender: AFFIX LABEL HERE				Email:					
DOB (yyyy/mm/dd):				Address:					
Reason for Testing				Staging and Partner Notification		Preferred Treatment		Alternative Treatment	
<input type="checkbox"/> Routine	<input type="checkbox"/> Contact Tracing	<input type="checkbox"/> Prenatal	<input type="checkbox"/> Immigration	<input type="checkbox"/> Primary <i>Notify partners from past 3 months</i>		Long-acting benzathine penicillin G		Doxycycline 100 mg PO BID x 14 days	
<input type="checkbox"/> Symptomatic (please describe):				<input type="checkbox"/> Secondary <i>Notify partners from past 6 months</i>		2.4 million units IM as a single dose			
Does the client have a history of previously treated syphilis infection? <input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> Early latent <i>Notify partners from past 1 year</i>		Administered on: _____		Administered on: _____	
If YES, date of treatment:									
If YES, is reinfection suspected? <input type="checkbox"/> No (do NOT complete rest of form) <input type="checkbox"/> Yes (complete form)				<input type="checkbox"/> Late latent <i>Notify long-term partners and children as appropriate</i>		Long-acting benzathine penicillin G		Doxycycline 100mg PO BID x 28 days	
Has the client had previous bloodwork for syphilis? <input type="checkbox"/> No <input type="checkbox"/> Yes						2.4 million unit IM weekly for three (3) doses		Administered on: _____	
If YES, date of last test:						Administered on: (1) _____ (2) _____ (3) _____			
Risk Factors (Select all that apply):				Other Stage/Treatment:					
Risk Factor	Yes	No	Unknown	Counselling					
Sex with opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client is aware of diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes					
Sex with same sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client aware to complete follow-up serology at: <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months					
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all cases, clients are to be advised to notify all contacts based on staging as above.					
No condom used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Client is comfortable notifying partner(s)		<input type="checkbox"/> Healthcare provider to notify partner(s)			
New partner in last 2 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Client does not know partner(s)		<input type="checkbox"/> Public Health to help notify partner(s) (partner info attached).			
>1 partner in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise client of all of the following:					
Under housed/homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No sexual contact for 7 days post treatment & until all sores/rashes healed		<input type="checkbox"/> No sexual contact with un-treated partner(s)			
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transmission and risk factors for other STBBIs		<input type="checkbox"/> Test of cure (if recommended)			
Sex trade work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Risk reduction with condom use & rescreening in 6 months					
Sex with sex trade worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Travel outside of province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
If yes, specify:									
Other:									

If you do not have first-line therapy in stock at your facility you can call the Sexual Health Clinic at 625-8347 or visit https://www.tbdhu.com/contact/sti_medication_order_form to obtain medication.