BC Centre for Disease Control
Provincial Health Services Authority

BCCDC Clinical Prevention Services - STI Control
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SmartSexResource.com

Syphilis Treatment Form

Syphilis is a reportable infection. Complete this form with the patient and treatment details, and FAX according to your client's address of residence:	
If your **client resides** in the geographical area for the following: • Fraser Health Authority • Interior Health Authority • Island Health Authority • Northern Health Authority **Fax to: (604) 707-5604**	If your client resides in **Vancouver Coastal Health Authority (VCH)**: **Fax to: (604) 731-2756**

Patient Information			
Name	*Surname* *Given Name(s)*	**Date of Birth**	*(yyyy/mm/dd)*
Phone		**PHN**	
E-mail			

Bicillin® L-A Dose*	**Date of Administration**	**Comments**	
1	*(yyyy/mm/dd)*	**Was the patient given treatment as a contact to a syphilis infection?** ☐ Yes ☐ No	**Did the patient have any of the following symptoms at time of treatment?** ☐ Chancre ☐ Rash ☐ Other _____
2	*(yyyy/mm/dd)*		
3	*(yyyy/mm/dd)*	**Was serology ordered?** ☐ Yes ☐ No	

**Bicillin® L-A (Penicillin G Benzathine): 2.4 million units intramuscularly per dose*

Healthcare Provider Information		
Provider Name	*Surname*	*Given Name(s)*
Clinic	**Clinic Name:** _____ **Address:** _____ **Phone:** _____ **Fax:** _____ **Type *(select below):*** ☐ Acute Care, including ED and in-patient ☐ UPCC ☐ Corrections ☐ Mental Health Services ☐ Outreach ☐ Substance Use Services ☐ First Nations Health Centre, Nursing Station or Indigenous Primary Care Centre ☐ Primary Care ☐ Public Health Unit ☐ STI Clinic ☐ Other: _____	

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