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CONFIDENTIAL
NOTIFICATION OF SYPHILIS

Pursuant to the provisions of the Public and Environmental Health Act, 1987, these are notifiable diseases.
To: STD Services, Royal Adelaide Hospital, North Terrace, 5000; Ph 8222 2526
Use envelope provided or mark envelope: STRICTLY CONFIDENTIAL

Surname: …… **Given Names**: ……

Post Code:…… **Telephone**:……**Date Of Birth:** / /

Office Use Only

Syphilis Stage *(Please circle appropriate option)*

1. Primary **– symptomatic**
2. Secondary **– symptomatic**
3. Late symptomatic syphilis**-more than 2 years duration (tertiary)**
4. Congenital
5. Early latent syphilis**- asymptomatic, less than 2 years duration**
6. Late latent **– asymptomatic, more than 2 years duration**
7. Early neuro-syphilis **(less than 2 years duration)**

Testing and Treatment Information

Date of Test: …./…./…….. **Laboratory:** ……..

RPR at diagnosis: 1: ……

Treatment: 1. Yes 2. No

If you require advice on clinical management please contact Clinic 275 (8222 5075)

Epidemiological Information *(please circle where appropriate)*

Sex: 1. Male 2. Female

Marital Status: 1. Never Married 2. Married/Defacto 3. Widowed/Div/Sep

Racial: 1. Aboriginal 2. Asian 3. Caucasian 4. Other 5. African

Country of birth; **1. Australia** **2. Other** ……

Presently Employed 1. No 2. Yes 3. Sex Worker

Likely Location Infection Acquired:

1.South Australia 2. Interstate where…… 3. Overseas where ……..

Sex Of Likely Source Of Infection

1. Male 2. Female 3. Female Sex Worker 4. Male and Female

Follow Up of Patient *(please tick one of the following boxes)*

☐ I would Prefer that you **follow up any possible contacts of syphilis.** *(please complete details)*
Preferred method for patient to be contacted:

Address: ……

Telephone HM: …… *WK:*……*MB:* ……

☐ **I would prefer to follow up possible Contacts** and forward the results to STD Services.

worksheet

Yes No

I have informed the patient that further follow-up may be required by the South Australian Health Department. ☐ **Yes** ☐ **No**

Notifying Doctor: ……

Address: ……

Telephone: ……

Signed: ……

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07/09