BC Centre for Disease Control
Provincial Health Services Authority

655 West 12th Avenue
Vancouver, BC V5Z 4R4

604.707.2443
604.707.2441

www.bccdc.ca

Clinical Prevention Services – STI Control

604.707.5600
604.707.5604

www.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 Health Authorities:

- Fraser Health Authority
- Interior Health Authority
- Island Health Authority
- Northern Health Authority

(604) 707-5604

If your **client resides in VCH**:

- Vancouver Coastal Health Authority

(604) 731-2756

Patient Information			
Name	*Surname* *Given Names*	**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/lesion ☐ 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 Names*
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 or Nursing Station or Indigenous Primary Care Centre ☐ Primary Care ☐ Public Health Unit ☐ STI Clinic ☐ Other: _____	

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Provincial Health Services Authority
Province-wide solutions. Better health.

Updated September 2023