

Social Security Number:

Last Name:		First Name:		MI:	Patient Phone:	Race: ___ W ___ B ___ H ___ Other	Sex: ___ M ___ F	DOB: ___/___/___ M D Y
Address:								
City:					County:			
SYPHILIS ___ 710 Primary (Initial Lesion Present) ___ 720 Secondary (Lesions of Skin or Mucosa) ___ 730 Early Latent (Less than One Year) ___ 740 Latent Syphilis, Unknown Duration ___ 745 Late Latent (More than One Year) ___ 750 Late Syphilis (>1 yr. Symptomatic) ___ 760 Neurosyphilis ___ 790 Congenital Syphilis ___ 10100 Hepatitis B Date Treated: _____ Treatment: _____ Provider Name: _____			CHLAMYDIA/GONORRHEA (check all that apply) ___ 200 Chlamydia ___ 300 Gonorrhea ___ 350 Gonorrhea, Drug Resistant ___ 490 Pelvic Inflammatory Source: ___ Urogenital ___ Pharyngeal ___ Rectal ___ Ophthalmia ___ Other ___ 400 Non-Gonococcal Urethritis ___ 450 Mucopurulent Cervicitis ___ 600 Lymphogranuloma Venereum ___ 800 Genital Warts (HPV) ___ 850 Herpes, Type II Provider Address: _____			Date of Dx: _____ Pregnant? ___ yes ___ no Sex partner(s) name(s) _____ Sex partner(s) treatment _____ _____ _____ _____ _____ _____ Marital Status: ___ Married ___ Divorced ___ Single ___ Co-habiting Household Income: _____ Insurance Source: _____ ___ <\$10,000 ___ Medicaid ___ \$10,000 to 14,999 ___ Employer Provided ___ 15 to 24,999 ___ Other ___ 25 to 34,999 ___ Nothing ___ 35 to 49,999 ___ 50,000 + Date of Report: _____		

FORWARD REPORT OF DIAGNOSIS TO: WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, STD PROGRAM, 350 CAPITOL STREET, RM 125, CHARLESTON, WV 25301-3715

SYPHILIS TREATMENT SCHEDULE

STAGE	DRUG OF CHOICE	TOTAL DOSAGE	NUMBER DOSES	INTERVAL
PRIMARY SECONDARY *latent (<1 YEAR)	BENZATHINE PENICILLIN G	2.4 M/U	1	2.4 M/U IN ONE INJECTION OR 1.2 IN EACH BUTTOCK ADDITIONAL 2.4 M/U IN ONE WEEK OPTIONAL
*LATENT (>1 YEAR) CARDIO, OTHER LATE	BENZATHINE PENICILLIN G	2.4 M/U	3	2.4 M/U, IM, ONCE A WEEK FOR 3 SUCCESSIVE WEEKS (7.2 M/U)
NEURO	**AQUEOUS CRYSTALLINE PENICILLIN G > > >	12-24 M/U	10	2-4 M/U I.V. EVERY 4 HOURS FOR 10-14 DAYS
CONGENITAL	AQUEOUS CRYSTALLINE PENICILLIN G OR PROCAINE PENICILLIN G	100,000-150,000 UNITS/KG/DAY (ADMINISTERED AS 50,000 UNITS/KG IV EVERY 12 HOURS DURING THE FIRST 7 DAYS OF LIFE AND EVERY 8 HOURS THEREAFTER) FOR 10-14 DAYS. 50,000 UNITS/KG IM DAILY IN A SINGLE DOSE FOR 10-14 DAYS.		
ALTERNATE SYPHILIS DRUGS FOR TREATMENT OF PENICILLIN SENSITIVE - DOXYCYCLINE 100 MILLIGRAMS ORALLY 2-TIMES A DAY FOR 14 DAYS				
EPIDEMIOLOGIC TREATMENT (SAME AS FOR PRIMARY SYPHILIS) SHOULD BE GIVEN TO CONTACTS OF EARLY SYPHILIS				
*IF CSF IS NOT DONE, TREATMENT MUST ENCOMPASS THE POSSIBILITY OF NEUROSYPHILIS AND TREATED ACCORDINGLY				
**SUGGESTED TREATMENT SCHEDULE WITH EXISTING CO-HIV INFECTION.				

UNCOMPLICATED GONORRHEA TREATMENT SCHEDULE

DOSAGE	CEFTRIAZONE - MALE OR FEMALE 125 MG IM ONCE CEFOTAXIME - MALE OR FEMALE 1 GM IM ONCE
TREATMENT FAILURE:	MALE OR FEMALE SPECTINOMYCIN 2 GM IM
PENICILLIN/CEPHALOSPORINS SENSITIVITY	MALE OR FEMALE SPECTINOMYCIN 2 GM IM
ALTERNATE DRUGS FOR GONORRHEA	
PENICILLIN SENSITIVITY PROBLEM - MALE OR FEMALE SPECTINOMYCIN 2 GM IM & DOXYCYCLINE - TOTAL 1400 MG INITIAL DOSE 200 MG FOLLOWED BY 100 MG BID FOR 5 DAYS	
CHLAMYDIA TREATMENT SCHEDULE	
DOXYCYCLINE	MALE OR FEMALE 100 MG ORALLY 2 TIMES A DAY FOR 7 DAYS OR AZITHROMYCIN 1 GM ORALLY IN SINGLE DOSE.

ALL CONTACTS OF GONORRHEA SHOULD RECEIVE PROPHYLACTIC TREATMENT USING THE TREATMENT SCHEDULE FOR UNCOMPLICATED GONORRHEA.

ALL GONORRHEA PATIENTS AND ALL CONTACTS TO GONORRHEA SHOULD RECEIVE A SEROLOGIC TEST FOR SYPHILIS
LONG ACTING FORMS OF PENICILLIN (SUCH AS BENZATHINE, PENICILLIN G) ARE NOT RECOMMENDED FOR GONORRHEA TREATMENT
DETAILED TREATMENT SCHEDULES FOR GONORRHEA (COMPLICATED, ETC.) AVAILABLE THROUGH SEXUALLY TRANSMITTED DISEASE PROGRAM

ATTENTION:
CONSIDER TREATING
ALL GONORRHEA
PATIENTS FOR CO-
EXISTING CHLAMYDIA.
EXAMPLE:
CEFTRIAZONE 125 MG
PLUS DOXYCYCLINE 100
MG BID X 7 DAYS.

FORM NO. VD-91 (REV. 01-00)

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

STD CONSULTATION 1-800-642-8244