



STD Surveillance

Rodney Jones
Office: 407-836-9268
Cell: 407 608-9133
Fax: 407 836-7101

FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

"Protecting Your Health...It's what we do"

Gender: FEMALE / MALE
Pregnant? YES / NO
Pregnancy due date _____

Patient Name: _____
DOB: _____ SSN: _____
Address: _____
Phone: _____
Email: _____

Please print legibly OR use a label.

RACE: WHITE BLACK OTHER AM INDIAN/ALASKAN ASIAN/PAC ISLANDER
ETHNICITY: Hispanic / Non-Hispanic

Provider Name: _____ Phone: _____
Address: _____

CASES OF SYPHILIS MUST BE REPORTED TO DOH ORANGE STD WITH TREATMENT BY THE NEXT BUSINESS DAY

SYPHILIS

**REPORTING:
STD**

Reason for visit: 832 W. Central Blvd. Orlando, FL 32805 Fax 407 836-7101 HIV 407 858-1400 Collection date x1297	Symptoms:	Previous history of syphilis infection? YES NO Previous titer (if known): 1:_____ Date of last negative RPR: _____
Reporting laboratory 407 858-1420 FAX: 407 858-5517	Symptom onset date:	# of sexual partners (within past year):
Confirmatory tests ____ TP-PA positive ____ FTA-ABS positive VISIT OUR WEBSITE FOR AN ELECTRONIC COPY OF OUR REPORTING FORM http://orange.floridahealth.gov	Sexual orientation:	
	Treatment dates: 2.4 BIC #1 _____ 2.4 BIC #2 _____ 2.4 BIC #3 _____ ____ Doxycycline 100 BID x 14 days Date _____ ____ Doxycycline 100 QID x 28 days Date _____ IF PREGNANT Was sex partner(s) treated? YES / NO If NO, was sex partner(s) referred to the Health Department? YES / NO	Next Scheduled Appointment <u>Date and time:</u>