Syphilis Test

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Email:	

Medical History & Related Questions	
Previous diagnosis of STDs:	☐ Yes ☐ No
Current symptoms:	
Known exposure to syphilis:	☐ Yes ☐ No
Recent blood transfusions:	☐ Yes ☐ No
History of intravenous drug use:	☐ Yes ☐ No
Sexual partners in the last 6 months:	

Tests	Findings	Basis of Findings
VDRL (Venereal Disease Research Laboratory) Test		
FTA-ABS (Fluorescent Treponemal Antibody Absorption) Test		
TPPA (Treponema pallidum Particle Agglutination) Assay		
Darkfield Microscopy		

Overall Interpretation

Doctor's Signature:

Date: