ADAMS COUNTY PROJECT CONNECTS REFERRAL FORM

REFERRING AGENCY		**DATE:**
Individual Completing Form:		**Title:**
Phone:	**Fax:**	**E-Mail:**

Reason for Referral:

☐ Family Planning/Birth Control
☐ STI Testing ☐ HIV Testing
☐ STI Treatment for chlamydia, gonorrhea or syphilis.
☐ Lab results attached ☐ Client is a contact to syphilis
☐ Cervical Cancer Screening ☐ Colposcopy
☐ Breast Cancer Screening (navigation and mammogram referral)
☐ Harm Reduction Services (syringe access, fentanyl test strips)
☐ Other: _____

Additional Information Specific to Syphilis: *****We do not accept referrals for neurosyphilis.**

Currently Pregnant: ☐ YES ☐ NO
If yes, EDC: _____
Hx of Syphilis Dx? ☐ YES ☐ NO
Date of reactive test: _____
Date of treatments: _____
Treatment completed? ☐ YES ☐ NO
Date of last negative syphilis test: _____
☐ Reported contact to syphilis case
☐ Rescreening after previous positive

Current staging:
☐ Primary Syphilis
☐ Secondary Syphilis
☐ Early Latent
☐ Late Latent or Unknown duration
RPR: _____Titer: _____ TPPA: _____

Allergies to Penicillin? ☐ YES ☐ NO

CLIENT INFORMATION

Last Name:	First:	Birth Date:
Gender:	Primary Language:	Insurance:
Pronouns:	☐Medicaid ☐Private Insurance ☐Not insured	

Mailing Address:	Street:	Apt. #:	City:	Zip Code:
County:				
Phone Number:		Is it OK for us to: ☐ Call ☐Leave a Message ☐Text		
E-Mail:		Client Notified of Referral: ☐Yes ☐No		

LOCATIONS:

Westminster: 1401 W. 122nd Ave. #200, Westminster, CO 80234
North Broadway: 7000 Broadway Suite 400, Denver, CO 80221

Please fax form to 303-280-0042 or send via encrypted email to shpclientsupport@adcogov.org

Adams County USE ONLY:
RPR/TPPA results received by ACHD:☐ YES ☐NO

Updated 11/27/24