**COVID-19 – Assessment Form**

PATIENT STICKER

Date of symptom onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of COVID test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A +ve -ve

**PUBLIC HEALTH CONTRAINDICATION(S) TO DISCHARGE:**

* Homeless, or no access to food, water, safe shelter or communications*

* Lives with a high-risk individual without ability to self-isolate in home*

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

COVID SYMPTOMS

**HPI:**

*Cough/Sore throat*

**MEDICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Shortness of breath*

*Fever Coryza*

*Sore throat*

**HISTORY**

*Conjunctivitis*

*Diarrhea*

*Nausea/vomiting*

*Anosmia/ Dysgeusia*

*Rhinorrhea*

**PMH**:

* Known COVID19 contact*

RISK FACTORS

*If HCW PPE Yes  No*

* Sick contacts*

*Chronic Lung Disease*

* Immunosuppression/Cancer*

* Diabetes mellitus*

* Cardiovascular Disease*

* Hypertension*

* Cerebrovascular Disease*

* Smoking history (current)*

* HCW  1st responder*

* 1st nation on reserve*

* LTC/RH/Shelter resident*

* Group home/Corrections resident*

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**PHYSICAL EXAM: Time \_\_\_\_\_\_\_\_\_\_\_**

BP \_\_\_\_\_\_\_\_\_\_ HR \_\_\_\_\_\_ RR \_\_\_\_\_\_ Temp \_\_\_\_\_\_

SpO2 \_\_\_\_\_% ( R/A or \_\_\_\_\_L 02)

Ambulatory SpO2 \_\_\_\_\_\_\_\_\_\_ Cannot walk (new)

RED FLAGS

HR>110

RR>30

SBP<95

SpO2 <92%R/A

Resp distress

Chest pain

Decline in function (new)

Dizziness/presyncope (new)

GCS< 14

New confusion

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**INVESTIGATIONS**

**DISPOSITION/PLAN**:

 Discharge home  Discharge home with follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Transfer to Emergency. Reason for transfer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prescription. (Details)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No.: \_\_\_\_\_\_\_\_\_\_