COVID-19 CLINICAL INTAKE FORM AND WORKSHEET (2/18/2020 version)

Clinicians calling about suspect COVID-19 coronavirus patients, please use this as a worksheet when calling SFDPH to report or discuss a potential case. These are the items you will be asked to provide.

Caller Name:	**Patient Name:**
Caller Facility:	**Patient DOB:**
Caller Address:	**Patient Gender:**
Caller Phone/Fax:	**Patient Address**
Caller Email:	**Patient Phone:**
	Patient Email:

CLINICAL HISTORY: **Symptom Onset Date** _____

Fever	Cough	Sore Throat	SOB	Diarrhea	Myalgia	Headache	Chills
❑ Yes	❑ Yes	❑ Yes	❑ Yes	❑ Yes	❑ Yes	❑ Yes	❑ Yes
❑ No	❑ No	❑ No	❑ No	❑ No	❑ No	❑ No	❑ No

If Fever = YES, Temp: _____ / Taken ❑ in Clinic or ❑ at Home / Took Tylenol or Motrin? ❑Yes ❑No
Other Symptoms: _____

Comorbid Conditions: ❑None ❑Unknown ❑Pregnancy ❑Diabetes ❑ Cardiac Dz ❑Hypertension
❑Chronic Lung Dz ❑Chronic Kidney Dz ❑Chronic Liver Dz ❑Immunocompromised
❑Other, specify _____

CXR done? ❑Yes ❑ No **If Yes,** Result: _____

Patient Hospitalized? ❑Yes ❑ No **If Yes:** Admit date: _____ **Admitted to ICU?** ❑Yes ❑No
If No: Possibly facing hospitalization? ❑Yes ❑No

Diagnosis (select all that apply) **Pneumonia** (clinical or radiologic)? ❑Yes ❑ No **ARDS?** ❑Yes ❑No

Does patient have another Diagnosis/Etiology for their Respiratory Illness? ❑Yes ❑ No ❑ Unknown
If Yes, Specify: _____

Respiratory Diagnostic Results
Influenza Rapid Test ❑ Pos ❑ Neg ❑ Pending ❑ Not Done
Influenza PCR ❑ Pos ❑ Neg ❑ Pending ❑ Not Done
Other, specify: _____

TRAVEL / EXPOSURE HISTORY:

Had contact with: Known or suspected PUI case of COVID-19? ❑ Yes ❑ No ❑ Unknown
Cluster of patients with severe respiratory illness? ❑ Yes ❑ No ❑ Unknown

Any healthcare exposures while in China? ❑ Yes ❑ No **If yes**, describe: _____

Travel dates / Locations: Date/s: _____ From: _____ to: _____

Date/s: _____ From: _____ to: _____

Date/s: _____ From: _____ to: _____

Date/s: _____ From: _____ to: _____

Any connecting flights through Wuhan or travel through Hubei Province? ❑ Yes ❑ No

Date entered USA and Airport: _____ **Where is patient now?** _____

Occupation: _____ **Country of Residence:** ❑ USA ❑ Other (specify): _____

Current living situation: ❑House ❑Apt ❑SRO ❑Dorm ❑Homeless ❑Other _____

Do others Live in Household? ❑ Yes ❑ No **If Yes,** describe: _____

_____

For SFDPH Public Health staff only:

DATE/TIME: _____ CalREDIE entry ❑ Yes ❑ No

CDC EOC Consult ❑ yes (770) 488-7100: _____

_____

Disposition: Meets criteria as PUI? ❑ Yes ❑ No if no, reason: _____.

1. Fever **OR** signs/sx of lower respiratory illness, **AND** any person, including healthcare workers, who has had close contact with a lab confirmed 2019-nCoV patient within 14 days of symptom onset

2. Fever **AND** signs/sx of lower respiratory illness, **AND** hx of travel from HUBEI PROVINCE, China, within 14 days of sx onset, OR

3. Fever **AND** signs/sx of lower resp illness requiring hosp., **AND** hx of travel form mainland China within 14 days of sx onset.

Outcome: _____

RN or MD Signature/title: _____