

COVID-19 INTAKE FORM

CLIENT DETAILS						
Client name				MCP		
Date of birth	Click or tap to enter a date.	Address & Community			Phone number	

INTAKE PROCESS: Screen the client as per the most recent 811 algorithm					
1.	Does the client have one or more of the following symptoms (new or worsening): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> fever (including chills/sweats) <input type="checkbox"/> cough <input type="checkbox"/> runny, stuffy or congested nose (not related to seasonal allergies) <input type="checkbox"/> headache <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomiting or diarrhea for more than 24 hours <input type="checkbox"/> acute loss of sense of smell or taste <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> sore throat or difficulty swallowing <input type="checkbox"/> painful swallowing <input type="checkbox"/> unusual fatigue, lack of energy OR <input type="checkbox"/> small red or purple spots on hands and/or feet				
	Date of symptom onset: Click or tap to enter a date.		Time of symptom onset:		<input type="checkbox"/> AM <input type="checkbox"/> PM
2.	Is the client an essential worker and/or work in or attend a daycare, emergency shelter, transition home, or other housing program serving a vulnerable population?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the client a contact of a known COVID-19 case?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the client require a test for COVID-19?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the individual a RHA employee?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the individual a health care worker?		<input type="checkbox"/> No <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact		
7.	If a health care worker, select work setting:		<input type="checkbox"/> Acute care <input type="checkbox"/> Community care <input type="checkbox"/> Home care <input type="checkbox"/> Personal care		
8.	Reason for testing: <input type="checkbox"/> Asymptomatic/Non-Contact travelled from St. John's Metro area since Feb 1, 2021				
9.	Any client reporting YES to #1 or #3 is not eligible for a swab at this site. Please go home and complete a self-assessment online at https://covidassessment.nlchi.nl.ca or by calling 811.				

COVID-19 Testing Information- To be completed by nurse responsible for testing:		
Patient info sheet provided to client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Completed by:	Date: Click or tap to enter a date.	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM