COVID-19 Unit
ADMITTING HISTORY AND PHYSICAL  (Version 4.  2020Apr20)

COVID Risk Factors:

- Travel location (all in last 14 days): _______________
- Date of return to N.S.: _______________ (YYYY/MON/DD)
- Date of symptom onset: _______________ (YYYY/MON/DD)
- Date of COVID test: _______________ (YYYY/MON/DD)
- Known or potential exposures: _______________

For ALL patients with pre-existing frailty or greater than or equal to 65 years old:

- Clinical Frailty Scale (Rockwood): _______________
- Baseline cognition: _______________
- Baseline mobility: _______________
- Current home supports: _______________
- ADLS: □ Dep □ Assist □ Indep
- IADLS: □ Dep □ Assist □ Indep

HPI / Red Flags:

- Cough
- Fever
- Shortness of breath
- Other: _______________

Past Medical History:

- History of TB or risk factors
- History of fungal infections in past 6 months

Home Medications:

- Complete home medication reconciliation along with admission Order Set.

Allergies: _______________

Physical Exam:
Admission to COVID unit: Date (YYYY/MON/DD) / Time: _______________

BP _____ HR _____ RR _____ GCS _____ Temp _____° C O₂ sat _____% FiO₂ _____ R/A _____ %

Investigations:
SOFA score: _______________

Goals of Care: □ Comfort only □ Ward-based only □ ICU / Intubation, NO CPR □ FULL CODE
Name: ___________________________ PMB: ___________________________
Signature: ___________________________ Date (YYYY/MON/DD) / Time: ___________________________