COVID−19 FAX REFERRAL FORM FOR ASSESSMENT CENTRE (Version 8. 2020JUL03)

Fax Cover Sheet

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Fax Number:	**Date (YYYY/MON/DD):**
Phone Number:	**Number of pages (including cover):**
RE:	**Cc:**
Please refer to the COVID−19 Hub to ensure no fax numbers or locations have changed.	

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nova scotia health authority IWK Health Centre

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Patient Information

Patient Name:	Date of Birth (YYYY/MON/DD):
Health Card Number:	
Patient Substitute Decision Maker (if applicable):	
Preferred Patient Contact Number:	Alternate Contact Number:

Source of Referral

❑ Public Health	❑ Occupational Health	❑ 811
❑ Infectious Disease	❑ Physician / NP office	❑ Other
❑ Continuing Care	PMB Number: _____	_____

❑ Pre−procedure (as per approved patient population*) Date of Procedure / Surgery: _____ (YYYY/MON/DD)

Physician's Name: _____ PMB Number: _____

*Approve patient population: OMF, ENT, Thoracic / Cardiac, Transplant (high risk surgeries) and Chemotherapy and BMT

Swab required 48 hours before surgery date.

❑ For admission to Home Care / Long Term Care

Surveillance Swabbing Criteria (check as applicable):

The patient presented with one or more of the following Surveillance Swabbing Criteria:

- ❑ **Shortness of breath**
- ❑ **Measured temperature (at home or within clinical setting) of greater than 38.0°C (or fever like symptoms: chills or sweats)**
- ❑ **Runny nose / nasal congestion (new or worsening)**
- ❑ **Sore throat**
- ❑ **Cough (new or exacerbation of chronic cough)**
- ❑ **Headache (new or worsening)**
- ❑ Sneezing (new or worsening)
- ❑ Red, purple, blueish lesions on the feet, toes or fingers without clear cause in persons 19 years old or younger
- ❑ Hoarse voice (new or worsening)
- ❑ New onset muscle ache
- ❑ Diarrhea
- ❑ Malaise
- ❑ Loss of sense of smell or taste

The patient was assessed for the following Exposure Criteria:

1. Travel outside of Atlantic Canada within the past 14 days ❑ Yes ❑ No Location: _____
2. Residence in a geographic location with known community cluster OR facility cluster ❑ Yes ❑ No
3. Contact with a known or suspected case (symptomatic person) within the past 14 days (includes a person with symptoms who has travelled outside Atlantic Canada in the past 14 days). ❑ Yes ❑ No
4. Symptoms / exposure cannot be determined due to physical and / or mental status. ❑ Yes ❑ No

Immune Status

To make appropriate clinic arrangements, please check as applicable:

Is patient immunocompromised*? ❑ Yes ❑ No

***Immune Suppression:** Any cancer, chemotherapy / radiation therapy, any transplant (solid or hematologic), HIV / AIDS, immunosuppressive medication (e.g. chronic steroid use greater than 20 mg/d (peds 2 mg/kg/d), for greater than 2 weeks cytotoxic drugs, calcineurin inhibitors, biological response modifiers, antibodies that target lymphocytes) or history of immune suppression not otherwise specified.