

COVID-19 ORDER FORM FOR RI STATE LAB

Patient label

PATIENT AND ORDERING PROVIDER INFORMATION

1. Patient Information: Name: _____ DOB: _____ Phone: _____ Sex: _____	2. Patient Location: <input type="checkbox"/> Home Residence <input type="checkbox"/> Healthcare Facility <input type="checkbox"/> Congregate Setting (Hotel/Shelter/Dorm/GroupHome) <input type="checkbox"/> Other: _____	3. Patient Home Address: _____ _____ _____
4. Ordering Provider: Name: _____ Institution: _____	5. Order Date: Date: _____ Time: _____	6. Provider Contact Information: Phone: _____ Pager: _____

SYMPTOMS AND RISK FACTORS

7. COVID-19 Symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> SOB <input type="checkbox"/> Runny Nose <input type="checkbox"/> GI Upset <input type="checkbox"/> Myalgia <input type="checkbox"/> Other: _____ <input type="checkbox"/> Onset: _____	8. COVID-19 Risk Factors for RISL Testing: <input type="checkbox"/> Hospitalized patient <input type="checkbox"/> Healthcare Worker, EMS <input type="checkbox"/> Nursing home resident, congregate living setting <input type="checkbox"/> Free text "other" reason for testing: _____	9. Other COVID-19 Risk Factors: <input type="checkbox"/> Symptoms only <input type="checkbox"/> Chronic illness (heart, lung, diabetes, etc.) <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Travel within 14 days prior to symptom onset: <input type="checkbox"/> International travel or cruise <input type="checkbox"/> Domestic air travel <input type="checkbox"/> Domestic travel to communities with widespread transmission <input type="checkbox"/> Close contact of positive COVID19 case (14 days prior to symptom onset) <input type="checkbox"/> Attendee of mass gathering with positive COVID19 case(s) (14 days prior to symptom onset)
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10. Clinical Information <input type="checkbox"/> [+] CXR/CT <input type="checkbox"/> [+] RPP <input type="checkbox"/> [+] Rapid Flu <input type="checkbox"/> [+] Nicotine Underlying Medical Conditions: _____	11. nCoV Testing: <input type="checkbox"/> NP swab obtained <input type="checkbox"/> Ordered STAT-RI STATE LAB	12. Isolation plan if discharged home: <input type="checkbox"/> Patient received isolation instructions <input type="checkbox"/> Patient advised to call ahead when seeking follow up health care
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