Transfer of Health Information (With COVID-19 Screening)

Preview Patient #BOOKING

JMS ID:	000000	**Location:**	Location
DOB:	04/05/1989	**Ethnicity:**	Ethnicity
Age:	31	**Interviewer:**	Title Last, First (05/13/2020 1508)
Agency:	County		

Date of Transfer:	
Sending Facility	
How many days has the patient been at the sending facility?	
Receiving Facility:	

COVID-19 Transfer Screening

COVID-19 Testing (PA DOC requires a negative COVID-19 result 3-5 days prior to transfer) Attach a copy of COVID-19 test results if applicable	○ COVID-19 (Positive) ○ COVID-19 (Negative) ○ Other (Detail in notes) ○ NA
Temperature at transfer (If febrile, contact the receiving facility before the transfer occurs)	
COVID-19 assessment at transfer (If positive symptoms exist, contact the receiving facilty before the transfer occurs)	☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Sore Throat ☐ Chest Pain ☐ Diarrhea ☐ Nausea ☐ Vomiting ☐ Body Aches ☐ Loss of Taste ☐ Loss of Smell ☐ Denies Symptoms
Has the patient been in close contact with suspected or positive COVID-19 individual within the last 21 days? If YES, detail in the notes section	○ Yes ○ No
Days quarantined prior to transfer	

If answering YES, please specify

Allergies / Drug Sensitivities:	○ Yes ○ No
Chronic / Acute Health Problems:	○ Yes ○ No
Current Medications (Name, Dosage, Frequency, Duration Route)	○ Yes ○ No
Current Treatment Plan	○ Yes ○ No
Follow-up Care Needed	○ Yes ○ No
Significant Medical History	○ Yes ○ No
Restrictions (Dietary, Housing, Employment)	○ Yes ○ No
Pending Specialty Referrals (Appointment Date)	○ Yes ○ No
Physical Disabilities/ Limitations	○ Yes ○ No
Assistive Devices / Prosthetic	○ Yes ○ No
Eyeglasses:	○ Yes ○ No

MENTAL HEALTH HISTORY

Mental Health Problem:	○ Yes ○ No

Substance Abuse: If yes, please specify.	◯ Yes ◯ No
History of Suicide Attempt (If yes, include date of last attempt)	◯ Yes ◯ No
Last PPD Given:	
Last PPD Result	◯ Negative ◯ Positive (mm:)
Last Chest x-ray	
History of TB Prophylaxis (Start Date)	
History of TB Prophylaxis (Stop Date)	
TB Medication	
History of Treatment for TB Disease (Start Date)	
History of Treatment for TB Disease (Stop Date)	
TB Medication:	
Signature, Date, Time	