



ADULT + PEDIATRIC URGENT CARE

COVID-19 Specimen Intake Form

Please fax completed form and attach clinical notes and any lab tests used for diagnosis and notification form medical provider of Covid-19 Form to 213-482-4856. If you have any additional questions or concerns, please call the Communicable Disease Section at (800) 722-4794

Patient Details	MRN:	
Full Name:	Age:	Date of Birth:
Address:	Homeless	
Primary Phone Number:	Cell Home	
Language:	Pregnant: Yes No Unk	Gender: M F
Primary Occupation:	Interpreter Required: Yes No	Height and Weight:
Insurance:	HMO (medical group name) _____	PPO MEDI-CAL MEDICARE
Subscriber Name if different from patient name:	Subscriber DOB	
Subscriber ID#	Group#	

Clinical Details

Is the patient currently experiencing any of the following symptoms:

Fever (>100.4oF/37oC) Cough Productive Cough Shortness of breath

NOTE: Fever present in 86% of even mild cases and cough present in 71% of even mild cases (Li K et al 2020)

Underlying medical conditions

Asthma/chronic lung disease? Yes No
 Diabetes/renal disease? Yes No
 Heart or circulatory disease? Yes No
 Cancer in last 12 months? Yes No
 Other (specify):

Exposures

Has the patient traveled from a location with endemic spread of COVID-19 within the last 14 days? Yes No
 If Yes, please specify: _____
 Location: _____
 Last Date in country with endemic spread: _____
 Has the patient had contact with a confirmed or suspect COVID-19 case within last 14 days? Yes No
 Has the patient had contact with anyone with an unexplained respiratory illness within last 14 days? Yes No
 Does the patient attend/work/live in a group setting (i.e., school, hospital, long-term care facility)? Yes No

If yes, type of setting (school, long-term care facility, etc.) _____

Name of school/facility _____

City _____

Other Testing

Have any of the following tests been performed:

Influenza Rapid Ag:	Positive	Negative	Pending	Not done
Influenza PCR	Positive	Negative	Pending	Not done
RSV:	Positive	Negative	Pending	Not done
H. metapneumovirus	Positive	Negative	Pending	Not done
Parainfluenza	Positive	Negative	Pending	Not done
Adenovirus	Positive	Negative	Pending	Not done
Rhinovirus/enterovirus	Positive	Negative	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	Positive	Negative	Pending	Not done
M. Pneumoniae	Positive	Negative	Pending	Not done
C. Pneumoniae	Positive	Negative	Pending	Not done
Other, Specify				

Has CBC with differential been performed? Yes No

If yes then is total WBC count between 3.90 and 6.03 x10(9)/L and Lymphocyte count between 0.98 and 1.5 x10(9)/L? (Li YX et al 2020) Yes No

Have any of the radiographic imaging been performed:

X-ray: Radiographic evidence of atypical pneumonia No evidence

Chest CT- 97% sensitivity in hospitalized patients (Tao 2020):

Ground glass opacity or other typical radiographic feature seen No evidence

Vascular enlargement, interlobular septal thickening, and air bronchogram sign are also common CT features of COVID-19

Submitting Physician's name _____

facility name _____

mailing address _____

Facility phone number NPI# _____

Facility Fax number _____