

Provider Referral for COVID-19 Specimen Collection

UCSF Laurel Heights, San Francisco FAX To: (415) 514-8095



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Referral Date: ____/____/2020

DEMOGRAPHIC INFORMATION

PROVIDER INFORMATION

Physician name:*

First Name* Last Name*

Physician address: *

Address Line 1

Address Line 2

City State ZIP Code

Physician office phone:*

Physician direct dial phone:* for immediate positive result reporting.

Physician after-hours phone:* to be used after hours for positive result reporting

Physician fax:*

Physician Office email: *

NPI:*

PATIENT INFORMATION

Patient Name*

First Name* Last Name*

Patient Date of Birth* Month Day Year

Patient Gender Female Male Patient Ethnicity

We are working to identify risk factors for our patients and request the following optional ethnic data

Name of School (K-12 ONLY): *

Parent/Guardian Information*

First Name* Last Name*

Parent/Guardian Date of Birth* Month Day Year

Email*:

Home Phone:* Cell phone:*

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PATIENT SYMPTOM INFORMATION

PATIENT CRITERIA FOR TESTING: *Please check all applicable*

- Patient has exposure to person with known diagnosed COVID-19 COVID-19 exposure is household or daily contact

Current Patient Symptoms (check all that apply)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Runny Nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Other |
| <input type="checkbox"/> Breathing Problems | <input type="text"/> |

- Patient has symptoms of mild illness and fits into any of the following groups:
- Immunocompromised patients (including sickle cell)
 - Special needs patients with chronic respiratory compromise
 - Patients with chronic, potentially compromising conditions such as: persistent asthma, other chronic respiratory illness, significant cardiac condition or history, diabetes, chronic kidney disease
 - Babies less than 12 months old (corrected if premature)
 - Patients (teens and young adults) who are employed and need to know status to determine need for exclusion from work and notification/contact tracing at work

- Patient has symptoms of mild illness and lives with or has unavoidable daily contact with:
- Caretaker or household member who is employed and needs to know status to determine need for exclusion from work and notification/contact tracing at work
 - Siblings or other family members with any of the conditions above
 - Caretakers or household members who are over 60 years of age.
 - Caretakers or household members who are pregnant
 - Other:

Physician requesting Respiratory Viral Panel (RVP) Testing in addition to COVID-19 test. Please inform parent/guardian that RVP is being ordered and RVP MAY NOT BE COVERED BY INSURANCE.

Decision to refer made by: Office visit Telehealth visit Telephone call

INFORMATION ABOUT SCHEDULING AND ORDER RESULTING PROCESS

- The COVID scheduling team will contact the parent/legal guardian to register the patient and schedule an appointment time.
- Patients are swabbed by appointment only. **Each person being swabbed needs a referral and an appointment time.** Appointments are available Monday through Saturday 9am to 1pm.
- Patients will get an oral and nasal swab.
- Test results will be sent to the ordering provider and the UCSF COVID Testing Response Team.
- The UCSF COVID Testing Response Team will do the following:
 - Negative results will also result in an automated call to the family. Results available through APeX, Care Everywhere and MD Link.
 - Positive results will have an in person call to the PCP and the patient/family.
 - Regular symptom checks for patients who are COVID-19 positive until day 14 from the onset of symptoms.