

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

This form is utilized to screen patients as possible candidates to receive treatment in the COVID-19 outpatient infusion center. After receiving this form, the labs (if not available) will need to be drawn under the referring physician prior to determining if the patient is able to receive treatment. Those labs are CMP, CBC, LDH, CRP and D-Dimer. Treatment in the infusion center may not be appropriate in the following situations:

- WBC is rising rapidly and more than 16,000
- CRP or LDH is trending up rapidly and it is greater than 100
- AST/ALT is greater than 400
- CrCl is less than 30 ml/min (for patients referred for Remdesivir)
- D-Dimer is greater than 3

Once the labs and screening form have met criteria, a provider at the COVID-19 outpatient infusion center will evaluate the patient's condition and past medical history along with the availability of resources to determine if therapy is appropriate. Not all patients referred to center will receive treatment. If the patient is not approved for treatment, the center provider or their delegate will contact the patient to inform them of this decision and with further instructions on managing their disease.

Patients may have a different response to the medications that are provided and, unfortunately, some will deteriorate and need additional care. To provide safe care for our patients outside of their time in the center, we will require the following:

- The patient has access to pulse oximeter, thermometer and reliable transportation.
- The patient has an adequate home environment for monitoring (should preferably live with someone who can recognize adverse effects or worsening of clinical status).
- The patient lives within 1 hour of an acute care facility in case the patient's condition deteriorates and needs more intense care.

☐ **REMDESIVIR TREATMENT** — *To qualify for therapy, the patient must meet ALL of the requirements below.*

- ☐ The patient was NOT hospitalized or discharged in stable condition prior to completing of 5 days of remdesivir therapy
- ☐ The patient is greater than or equal to 18 years of age and 40 kg
- ☐ The patient is symptomatic
- ☐ The patient has at least ONE of the following conditions:
  - ☐ Hospitalized with severe disease who are recovering but still require less than 3L of supplemental O2 via nasal cannula; and have not completed 5 days of remdesivir therapy
  - ☐ Hospitalized with moderate disease, deemed to be high risk for disease progression by infectious diseases provider, and have not completed 5 days of remdesivir therapy
  - ☐ Non-hospitalized patient (emergency department) with severe disease, requiring less than 3L of supplemental O2 via nasal cannula, AND NOT high risk for disease progression
  - ☐ Non-hospitalized patient (emergency department, outpatient center) with moderate disease and high risk for disease progression

**PHYSICIAN INFORMATION**

As the referring physician, I verify that the information on this screening form is accurate to the best of my knowledge. I have also made the patient aware that they will be screened by a provider at the infusion center who will determine if the treatment is appropriate before they will be approved to receive treatment.

Printed Name: \_\_\_\_\_ DEA/NPI: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_