Long COVID-19 Service - Acute Medicine

Please fax this referral & any relevant information to 416-495-2420. Patient will be contacted for an appointment.

Date: __________________________

Referring Physician: __________________________ CPSO#: __________________________

Primary Care Provider: __________________________

Patient to be seen within: ☐ Urgent ☐ 7 days ☐ 14 Days

Date of COVID-19 Diagnosis: __________________________

Hospital admission due to COVID-19: ☐ Yes ☐ No

ICU stay: ☐ Yes ☐ No

Length of Stay: __________

Intubated: ☐ Yes (Duration: _____ days) ☐ No

Optiflow: ☐ Yes (Duration: _____ days) ☐ No

Past Medical/Surgical/Mental Health History:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Current Medications: (or attach list)

________________________________________________________________________________________

________________________________________________________________________________________

Drug Allergies/Sensitivities:

________________________________________________________________________________________

Reason for referral: Respiratory Symptoms ☐ Mood Related Symptoms ☐ Musculoskeletal Symptoms ☐ Other ☐

Please describe symptoms in further detail.

________________________________________________________________________________________

________________________________________________________________________________________

_______________________________________________________________

Patient’s Goals:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Referral completed by: __________________________ Phone #: __________________________

(Please print name)

Distribution: Chart