



COVID-19 Therapeutics Clinic Referral Form

Scarborough Health Network (Centenary site)	2867 Ellesmere Rd (Virtual Clinic)	Clinic Tel: 416-281-7442 Fax: 416-281-7384
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NOTICE: Referrals to the SHN COVID-19 Therapeutics Clinic for COVID-19 patients with symptom onset 8 days or greater OR for long COVID-19 shall be respectfully declined due to patient ineligibility for Paxlovid or remdesivir therapy.

Patient Information	
Name: _____ Sex: _____ Date of Birth (DD/MM/YY): _____	
Address: _____	
Postal Code: _____ Phone Number: _____ HCN: _____	
Height (cm): _____ Weight (kg): _____	<p>* REFERRING PHYSICIAN/REFEREE: PLEASE ATTACH A COPY OF THE PATIENT'S CURRENT MEDICATION LIST (prescription, non-prescription, over the counter and herbal medications WITH THE COMPLETED REFERRAL FORM) IF AVAILABLE *</p> <p>Brief medical history and relevant clinical concerns (<i>where applicable, documentation can be attached</i>):</p> <p><input type="checkbox"/> I confirm this information is provided in attached documentation (if not provided below)</p>
Allergies: <input type="checkbox"/> No known drug allergies	
<p>NOTE: For patients with mild COVID-19 with confirmed COVID-19. These products are available for use under an interim authorization (Interim Order) by Health Canada to prevent progression of mild to moderate COVID-19 in patients weighting at least 40 kg who are at high risk for progression to severe COVID-19, including hospitalization or death. Remdesivir is indicated for patients 12 years and older. Paxlovid is indicated for patients 18 years and older.</p>	
CRITERIA FOR USE	
<p>ALL fields in 1 and 2 and [3 and/or 4] must be completed to be eligible for treatment for remdesivir or Paxlovid [nirmaltravir plus ritonavir]</p>	
1	<input type="checkbox"/> Date of symptom onset: _____ (Treatment must be given within 5 days of symptom onset for Paxlovid or within 7 days of symptom onset for remdesivir)
2	<input type="checkbox"/> Date of positive COVID-19 test: _____ AND Type of COVID-19 test used <input type="checkbox"/> Rapid Antigen Test <input type="checkbox"/> PCR <input type="checkbox"/> Rapid Point of Care Molecular Test [ID Now]
3	<p>PAXLOVID ELIGIBILITY ASSESSMENT Patient must meet at least one criteria under A, B, C or D below:</p> <p><input type="checkbox"/> A) Immunocompromised or immunosuppressed individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection (regardless of vaccine status) defined as one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active treatment for solid tumor and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment) (<i>Specify:</i> _____) <input type="checkbox"/> Receipt of solid-organ transplant and taking immunosuppressive therapy (<i>Specify:</i> _____) <input type="checkbox"/> Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) <input type="checkbox"/> Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) (<i>Specify:</i> _____) <input type="checkbox"/> Advanced or untreated HIV infection <input type="checkbox"/> Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks) <input type="checkbox"/> Active treatment with alkylating agents, antimetabolites (including methotrexate), transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers or other biologic agents that are immunosuppressive or immunomodulatory (<i>Specify:</i> _____) <p><input type="checkbox"/> B) Age 70 years and older (irrespective of COVID-19 vaccination status)</p> <p><input type="checkbox"/> C) Age 60 years and older with less than 3 doses of a COVID-19 vaccine</p> <p><input type="checkbox"/> D) Age 18 years and older with less than 3 doses of a COVID-19 vaccine AND at least 1 of the following risk factors:</p>

	<ul style="list-style-type: none"> • Diabetes Mellitus • Obesity (Body mass index equal or greater than 30 kg/m²) • Cardiovascular Disease (e.g. heart disease, congestive heart failure, hypertension) • Chronic Kidney Disease (eGFR 30 to less than 60 mL/min/1.73 m²) • Chronic Liver Disease (Child-Pugh class B) • Chronic Respiratory Disease (including cystic fibrosis) • Cerebral Palsy • Intellectual or Developmental Disability • Sickle Cell Disease • Pregnancy
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4	<p>REMEDSIVIR ELIGIBILITY ASSESSMENT</p> <p><input type="checkbox"/> Be Symptomatic. Specify symptoms: _____</p> <p><input type="checkbox"/> Be willing to travel to the clinic located at the SHN Centenary hospital to receive therapy (for non-Long Term Care Home patients) AND patient must meet at least one criteria under A, B, C or D below:</p> <p><input type="checkbox"/> A) Immunocompromised or immunosuppressed individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection (regardless of vaccine status) defined as one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active treatment for solid tumor and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment) (<i>Specify:</i> _____) <input type="checkbox"/> Receipt of solid-organ transplant and taking immunosuppressive therapy (<i>Specify:</i> _____) <input type="checkbox"/> Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) <input type="checkbox"/> Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) (<i>Specify:</i> _____) <input type="checkbox"/> Advanced or untreated HIV infection <input type="checkbox"/> Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks) <input type="checkbox"/> Active treatment with alkylating agents, antimetabolites (including methotrexate), transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers or other biologic agents that are immunosuppressive or immunomodulatory (<i>Specify:</i> _____) <p><input type="checkbox"/> B) Unvaccinated individuals (0 doses of any COVID-19 vaccine)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age equal or greater than 70 years <input type="checkbox"/> Age equal or greater than 40 with 1 or more risk factors* <input type="checkbox"/> Age equal or greater than 12 with 3 or more risk factors* <input type="checkbox"/> Pregnant <p><input type="checkbox"/> C) Individuals who have had 1 or 2 doses of a COVID-19 vaccine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age equal or greater than 70 with 1 or more risk factors* <input type="checkbox"/> Age equal or greater than 20 with 3 or more risk factors* <p><input type="checkbox"/> D) Individuals who have had 3 doses of a COVID-19 vaccine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age equal or greater than 70 with 3 or more risk factors* <p>*List of Risk Factors:</p> <ul style="list-style-type: none"> • Indigenous (First Nations, Inuit, or Métis) • Members of Racialized Communities (e.g. Arab, Middle Eastern, Black, Latin American, Indo-Caribbean, South Asian, Southeast Asian, or West Asian)¹⁶ • Obesity (Body mass index equal or greater than 30 kg/m²) • Cardiovascular Disease (including hypertension) • Cerebral Palsy • Chronic Kidney Disease (eGFR less than 60 mL/min/1.73 m² or dialysis) • Chronic Liver Disease (Child-Pugh class B or C) • Chronic Respiratory Disease (including cystic fibrosis and asthma) • Diabetes Mellitus • Intellectual Disability • Sickle Cell Disease
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Prescriber/Referee Attestation (Must be checked to be eligible for treatment)	
<input type="checkbox"/> I affirm that my patient meets above criteria for use	
Prescriber/Referee Name (print): _____	Direct Contact Number (not office line): _____
Prescriber/Referee Signature: _____	Date/Time: _____
CPSO# (if applicable): _____	
Referral Physician's Billing # (if applicable): _____	
<input type="checkbox"/> RN/RPN (if applicable)	
<input type="checkbox"/> Referred from SHN COVID-19 Clinical Assessment Centre (if applicable)	

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Other COVID-19 Therapeutics Clinics in the greater Toronto and Central East Ontario Region. <i>This list is intended for use by health care professionals only.</i>		
Scarborough Virtual Urgent Care Clinic (VUC)	Referrals to this clinic for Paxlovid assessment can be made for eligible COVID-19 patients with less complex medication regimens. Referrals should be faxed and if received before 1500H Mon-Sat, same day appointment can be booked with a VUC physician.	Clinic Tel: 416-673-9365 Fax: https://www.shn.ca/virtual-urgent-care/
Carefirst Clinical Assessment Centre	1. 300 Silver Star Blvd, Scarborough 2. 105 Gibson Dr, Markham 3. 5000 Steeles Ave, Markham	Clinic Tel: 437-772-3415 Fax: 416-502-8710
Humber River Hospital (Finch site)	2111 Finch St West	Clinic Tel: 416-747-3847 Email: CACFinch@hrh.ca https://www.hrh.ca/covid-19
Kingston Assessment Centre	51 Heakes Ln	Clinic Tel: 613-548-2376 www.kingstonhsc.ca/patients-families-and-visitors/covid-19-information/community-assessment-centre
Lakeridge Health (Ajax)	580 Harwood Ave S	Email: ctc@lh.ca
Mackenzie Health	10 Trench St	Clinic Tel: 905-883-1212 ext 7552 https://mychart.mackenziehealth.ca/mychart/covid19/#/
Markham Stouffville Hospital	381 Church Street	Clinic Tel: 905-472-7373 ext 6526 https://www.oakvalleyhealth.ca/clinics-departments/covid-19-assessment-centre
Michael Garron Hospital	825 Coxwell Ave	Clinic Tel: 416-671-5716 https://portal.healthmyself.net/tehnacovid/forms/jgZ#/
Mississauga Medical Arts (COVID, Cold and Flu Care Clinic)	5010 Glen Erin Dr	Clinic Tel: 905-288-5900 http://familycovidtest.ca
Women's College Hospital (in partnership with University Health Network)	76 Grenville St	Clinic Tel: 416-804-4083
University Health Network	Virtual Clinic	Clinic Tel: 437-488-1650 Email: COVIDCare@uhn.ca