

## Home Health/Hospice Referral Screening Tool

Client:

Operation:

Date:

Process:

1. Obtain the following information from referral source-either verbally or from medical records sent

|   | Answers/Details/Notes |
|---|-----------------------|
| Has the patient received the COVID-19 Vaccine?  |                       |
| When did patient's symptoms of COVID-19 start?  |                       |
| Has the patient been tested for COVID-19?<br>If so, results?<br>Has follow up testing occurred if positive?                     |                       |
| Has the patient had fever greater than 100.4° F (37.8° C) in the past 3 days?   |                       |
| Last time a fever reducing medication (Tylenol, Ibuprofen etc.) was administered?   |                       |
| Is the patient currently isolated?<br>If so, what type (contact, airborne, etc.)<br>How long has the patient been in isolation? |                       |

2. Provide information to clinicians so PPE/isolation measures can be put into place.