



COVID -19 Health Management

Use this tool as a guide in order to be active in taking care of your own health management or a loved one whom you care for.

When you are calling, emailing or having a telehealth visit with your health care professional (a doctor, pharmacist, advanced practice nurse, nurse, case manager or social worker) use this questionnaire to discuss your symptoms, health status, concerns and to record actions you should take in managing your symptoms. You should also use the questionnaire when you or a loved one is leaving the hospital after you have been treated for COVID-19 to record important information about your health management and what you need to do when you get home.

Visit With: _____ Today's Date: _____

BE SURE YOU KNOW THESE THINGS:

- I am experiencing the follow symptoms (Check all that apply):
 Fever; My Temperature is: _____ Sore Throat: _____ Fatigue _____
 Cough: _____ Trouble Breathing: _____ Other: _____
- Have you had contact with a person who has COVID-19? Yes ___ No ___
- I have the following medical conditions: Heart Disease ___ Diabetes ___
 Chronic Lung Disease ___ Autoimmune Disorder _____
 Additional Medical Conditions _____
- List **All** medicines you are currently taking on the back of this questionnaire, including any on the following list:
 ___ All prescription medications (can buy only with a prescription)
 ___ Major side effects of these medicines I have experienced
 ___ Over-the-counter medicine (can buy without a prescription)
 ___ Vitamins, herbs, or supplements I take such as St. John's Wort

IMPORTANT! Inform providers of allergies or sensitivities you have to any medicine

- Should I be tested for COVID-19? ___ Do I need a Physician Order? _____
 Where do I go for the Test? _____
- What medication are you prescribing for me today? _____
- Are there any side effects with this medication I should be aware of? _____
- Should I self-quarantine? ___ If so, for how long? _____
- What do I need to do to protect my family? _____
- Be sure to tell your provider if in you have any of the following living in your home:
 ___ Adults over 65
 ___ An adult/child who has a chronic condition or their immune system is compromised
- When should I do a follow up regarding my condition or any changes in my condition?

- Who should I call with any concerns about my condition or if I have additional questions?

NAME: _____ TELEPHONE #: _____

Prevent the spread of COVID-19 in **7 STEPS**
Source: World Health Organization

- Wash your hands frequently
- Avoid touching your eyes, nose and mouth
- Cover your cough using the bend of your elbow or a tissue
- Avoid crowded places and close contact with anyone that has a fever or cough
- Stay at home if you feel unwell
- If you have a fever, cough and difficulty breathing, seek medical care early – but call first
- Get your information from trusted sources

Tell your provider if you are concerned about:
-Lack of Food
-Financial concerns
-Getting medication
-No family support or help



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WHEN I GET UP, I TAKE:

MY MEDICINE LIST

Drug name- Brand name or generic & DOSE	This looks like. Color, shape	How many?	How I take it	I started taking this on: (date)	I stop taking this on: (date)	Why I take it	Who told me to take it? (name)
<i>Example: Lisinopril 10 mg</i>	<i>Round yellow pill</i>	<i>1</i>	<i>By mouth with breakfast</i>	<i>June 3, 2018</i>	<i>Keep taking</i>	<i>High blood pressure</i>	<i>Dr. Smith</i>

IN THE AFTERNOON, I TAKE:

IN THE EVENING, I TAKE:

BEFORE I GO TO BED, I TAKE:

OTHER MEDICINES THAT I DO NOT USE EVERYDAY:

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Trusted Information Sources:

- <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://www.ntocc.org/>
- <https://www.usa.gov/state-health>