

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:	Prevent the spread of			
BE SURE YOU KNOW THESE THI	NGS:	COVID-19 in			
Headache: Muscle/Body Ac	nptoms (Check all that apply): at: Fatigue Cough:Trouble Breathing: hes New Loss of Taste or Smell: Sore y Nose: Nausea or Vomiting Diarrhea:	7 STEPS Source: World Health Organization			
		 frequently Avoid touching your eyes, nose and mouth 			
on the following list: All prescription medicati Major side effects of the Over-the-counter medic	ently taking on the back of this questionnaire, including an ons (can buy only with a prescription) se medicines I have experienced ine (can buy without a prescription) olements I take such as St. John's Wort	 Cover your cough using the bend of your elbow or a tissue Avoid crowded places and close 			
IMPORTANT! Inform provider	s of allergies or sensitivities you have to any medicin	contact with			
5. Should I be tested for COVID-19	? Where do I go for the Test?	-			
	When should I expect the results?	 Stay at home if you 			
6. What medication are you prescri	ould I be tested for COVID-19? Where do I go for the Test? any medicine fever or cough				
7. Are there any side effects with th	is medication I should be aware of?				
8. Should I self-quarantine? If	f so, for how long?	early – but call first			
9. What do I need to do to protect r	ny family?	 Get your information from 			
10. <u>Be sure to tell your provider in</u> Adults over 65	f in you have any of the following living in your home:	trusted sources			
	nic condition or their immune system is compromised regarding my condition or any changes in my	What you need to know Anyone can have mild to severe symptoms.			
12. Who should I call with any co questions?	ncerns about my condition or if I have additional	Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes			
NAME:	TELEPHONE #:	seem to be at higher risk for developing more serious complications from COVID-19			

Wear A Mask

Stay 6 Feet Apart

Avoid Crowds

illness.



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WHEN I GET UP	, I TAKE:		MY MEDICIN	NE 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)
Example: Lisinopril 10 mg	Round yellow pill	1	By mouth with breakfast	June 3, 2018	Keep taking	High blood pressure	Dr. Smith
IN THE AFTERN	OON, I TAKE:						
IN THE EVENIN	G. I TAKE:						
BEFORE I GO TO	BED, I TAKE:					- I	
OTHER MEDICI	NES THAT I DO N	IOT USE E	VERYDAY:	1	1	1	1
			Trusted Inform	ation Sources:			

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