

# Home Health/Hospice Referral Screening Tool

Patient: \_\_\_\_\_

Operation: \_\_\_\_\_ Date: \_\_\_\_\_

Process:

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

	Answers/Details/Notes
When did patient's symptoms of COVID-19 start?	
Has the patient been tested for COVID-19? If so, results? Has follow-up testing occurred if positive?	
Has the patient had fever greater than 100.0° 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? If so, what type (contact, airborne, etc.)? How long has the patient been in isolation?	

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