

COVID-19 Clinical Assessment Centre Therapeutics Referral Form

Patient Information																																				
Name: _____		Date of birth: _____ dd/mm/yy																																		
Allergies: _____																																				
Address: _____		City/Prov: _____ / _____																																		
Postal Code: _____		Phone: _____ HCN: _____																																		
<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 (where applicable, documentation can be attached):</p> <p>I confirm this information is provided in attached documentation (if not provided below)</p>																																				
<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 adults and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death.</p> <p>In order to qualify for therapy, patients need to a) Be symptomatic b) Be within 5-7 days of symptom onset c) Fulfil either criteria 1, 2 OR 3 d) Be willing to receive therapy e) Expected survival > 1 year from all causes</p>																																				
Criteria for Use (all fields must be completed to be eligible for treatment)																																				
<p>Date of symptom onset: _____</p> <p>Date of positive COVID-19 test: _____</p> <p>Current Medications: _____</p> <p>Recent Creatinine and AST/ALT if available (within 3 months) _____</p> <p>CRITERIA 1: Immune suppressed (regardless of vaccine status)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Treatment of Solid Organ Cancer</td> <td style="width: 33%;">Bone Marrow Transplant</td> <td style="width: 33%;">Hematologic malignancy</td> </tr> <tr> <td>Receipt of CAR-T therapy</td> <td>Untreated or advanced HIV</td> <td>Solid Organ Transplant</td> </tr> <tr> <td>Congenital Immunodeficiency (please specify)</td> <td>Corticosteroids (> 20mg prednisone per day for > 2 weeks)</td> <td>Oral immunosuppressive agents: (please specify)</td> </tr> </table> <p>Biologic agents (Please specify)</p>				Treatment of Solid Organ Cancer	Bone Marrow Transplant	Hematologic malignancy	Receipt of CAR-T therapy	Untreated or advanced HIV	Solid Organ Transplant	Congenital Immunodeficiency (please specify)	Corticosteroids (> 20mg prednisone per day for > 2 weeks)	Oral immunosuppressive agents: (please specify)																								
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<p>CRITERIA 2: Pregnant AND unvaccinated?</p> <p>CRITERIA 3: Does this individual have risk factors AND vaccine status that fits criteria below? (please check risk factors in a) and fill out table b if patient meets criteria)</p> <p>a) Risk Factors – please check all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Obesity (BMI ≥ 30 kg/m²)</td> <td style="width: 33%;">Cerebral Palsy</td> <td style="width: 33%;">Kidney Disease (GFR < 60 ml/min)</td> </tr> <tr> <td>Diabetes</td> <td>Intellectual Disability</td> <td>Liver Disease (CP Class B/C)</td> </tr> <tr> <td>Heart Disease (CAD/HTN/CHF)</td> <td>Sickle cell Disease</td> <td>Respiratory Disease</td> </tr> </table> <p>b) Vaccine Status and Risk factors (Please check if the patient fits an eligible category)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Age</th> <th colspan="3">Number of Vaccine Doses</th> </tr> <tr> <th></th> <th>0 doses</th> <th>1 or 2 doses</th> <th>3 doses</th> </tr> <tr> <td><20</td> <td>Eligible if 3 or more risk factors</td> <td>Not eligible</td> <td>Not eligible</td> </tr> <tr> <td>20-39</td> <td>Eligible if 3 or more risk factors</td> <td>Eligible if 3 or more risk factors</td> <td>Not eligible</td> </tr> <tr> <td>40-69</td> <td>Eligible if 1 or more risk factors</td> <td>Eligible if 3 or more risk factors</td> <td>Not eligible</td> </tr> <tr> <td>>70</td> <td>Eligible</td> <td>Eligible if 1 or more risk factors</td> <td>Eligible if 3 or more risk factors</td> </tr> </table>				Obesity (BMI ≥ 30 kg/m ²)	Cerebral Palsy	Kidney Disease (GFR < 60 ml/min)	Diabetes	Intellectual Disability	Liver Disease (CP Class B/C)	Heart Disease (CAD/HTN/CHF)	Sickle cell Disease	Respiratory Disease	Age	Number of Vaccine Doses				0 doses	1 or 2 doses	3 doses	<20	Eligible if 3 or more risk factors	Not eligible	Not eligible	20-39	Eligible if 3 or more risk factors	Eligible if 3 or more risk factors	Not eligible	40-69	Eligible if 1 or more risk factors	Eligible if 3 or more risk factors	Not eligible	>70	Eligible	Eligible if 1 or more risk factors	Eligible if 3 or more risk factors
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Referral Attestation (Must be checked to be eligible for treatment)																																				
I affirm that my patient meets above criteria for use																																				
Clinician Name (print): _____		Direct Contact Number _____																																		
Clinician Signature: _____		Date/Time: _____ / _____ College #: _____ / _____																																		

Referral Form - For sites offering COVID-19 treatment

Regional sites offering Remdesivir and Paxlovid (walk-in not accepted):

- Health Sciences North – COVID Assessment Centre, 2050 Regent St, Sudbury, **Fax: 705-523-4464**
- Humber River Hospital – Finch RCC, COVID Assessment Centre, 2111 Finch Ave W, North York, **Email: CACfinch@hrh.ca**
- The Ottawa Hospital – Civic Campus, 1052 Carling Ave, Ottawa, **Fax: 613-739-6751**
- Scarborough Health Network – Centenary Hospital, 2867 Ellesmere Rd, Scarborough, **Fax: 416-281-7384**
- St. Joseph's Healthcare Hamilton – ED Entrance, 50 Charlton Ave East, Hamilton, **Fax: 905-522-4469**
- Thunder Bay Regional Health Sciences Centre – 984 Oliver Rd, Suite 101, Thunder Bay, **Fax: 807-623-6631**, Tele: 807-935-8101
- Windsor Regional Hospital – 1030 Ouellette Ave, Windsor, **Email: WRHmAbclinic@wrh.on.ca**