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|  | **Transfert Request Form** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. From 1st Hospital** | | | | | | | | | | |
| Date |  | | | | Clinician Name | | |  | | |
| Hospital Name |  | | | | Phone Name | | |  | | |
|  |  | | | |  | | |  | | |
| **B. Patient Identification** | | | | | | | | | | |
| First Name |  | | | | Gender | | |  | | |
| Family Name |  | | | | Nationality | | |  | | |
| Date of Birth |  | | | | ID Number | | |  | | |
|  |  | | | |  | | |  | | |
| **C. Prior Medical Conditions** | | | | | | | | | | |
| Underlying Conditions | 🗆No, 🗆Yes, specify: |  | | | | | | | | |
| Chronic Treatment | 🗆No, 🗆Yes, specify: |  | | | | | | | | |
|  |  |  | | | | | | | | |
| **D. Illness** | | | | | | | | | | |
| Date onset |  | | | | | | | | | |
| Symptoms | 🗆 Fever /history of fever  🗆 Coughing | | | 🗆 Nasal discharge  🗆 Sore Throat | | | | | 🗆 Dyspnea  🗆 Other: | |
| Severity | BP S/D:  HR/mn:  RR/mn:  Sat O2 :  Glasgow: | | WBC count:  Lymphocytes:  Flu rapid test:  Flu PCR: | | | | pH:  PaO2:  PaCO2:  HCO3-:  Sat O2: | | | Chest XR: |
| **E. Exposure to COVID-19 (in 14 days prior to onset)** | | | | | | | | | | |
| Travel | 🗆 No 🗆 Yes, specify | | | Country: | | | | | Date of arrival: | |
| Link with covid19 case | 🗆 No 🗆 Yes, specify | | | Name: | | | | |  | |
| Professional activity | 🗆 No 🗆 Yes, specify | | | Profession: | | | | | Institution: | |
| Social network | 🗆Contact with travelers | | | 🗆High contact with people | | | | | 🗆Social event/mass gathering | |
| **F. Case management at 1st hospital** | | | | | | | | | | |
| Date of admission |  | | | | | | | | | |
| Diagnosis |  | | | | | | | | | |
| Treatment |  | | | | | | | | | |
| Mechanical ventilation | 🗆 No 🗆 Yes, specify type: | | | | |  | | | | |
| Isolation | 🗆 No 🗆 Yes, specify starting date: | | | | |  | | | | |
| ICU | 🗆 No 🗆 Yes, specify starting date: | | | | |  | | | | |
| Outcome | Responsive to antibiotics: 🗆 No 🗆 Yes | | | | |  | | | | |
| **G. For RHUH** | | | | | | | | | | |
| Criteria assessment |  | | | | | | | | | |
| Transfer clearance | 🗆 Transfer | | | | 🗆 Non transfer | | | | | |
| Nb of specimens need |  | | | |  | | | | | |
|  |  | | | |  | | | | | |
| **H. Notes** | | | | | | | | | | |
|  | | | | | | | | | | |