COVID-19 Information Form

Bahria International Hospitals, Lahore

Name _____ **Father Name**_____

CNIC /Passport Number_____ **Mobile Number**_____

Gender:_____ **Age:** _____ **Occupation:** _____

House No: _____ **Street No**_____ **Mohala/Colony/Road**_____

Tehsil _____ **District**_____ **Division**_____

Sample: **New Case/Contact/Repeat/Cluster** **Lab ID:**_____

1: Date of symptoms onset_____

2: Does the patient have the following signs and symptoms (check all that apply)?

☐ Fever ☐ Cough ☐ Shortness of breath
☐ Chills ☐ Sore throat ☐ Vomiting
☐ Headache ☐ Muscle aches ☐ abdominal pain ☐ Diarrhea

3: Any International travel over the past 14 days before symptom onset ☐ Y ☐ N
4: Have close contact with a person under investigation for COVID-19? ☐ Y ☐N
5: Is the patient a health care worker? ☐ Y ☐ N
6: Diagnosis (select all that apply):

1. Pneumonia (clinical or radiologic) ☐ Y ☐ N
2. Acute respiratory distress syndrome ☐ Y ☐ N

7: Comorbid conditions (check all that apply):

☐ Pregnancy ☐ Hypertension ☐ chronic liver disease
☐ Diabetes ☐ chronic pulmonary disease ☐Immunocompromised
☐ Cardiac disease ☐ chronic kidney disease ☐ Cancer

Consultant /Medical officer: _____
(Signature/stamp)

(For lab Use)

Sample:_____

Sample collection date: _____ Sample collected by:_____

Test to be done at _____