

COVID Therapeutics Virtual Assessment Form

EMAIL COMPLETED FORM TO: COVIDCare@uhn.ca or fax 416-340-4135

Instructions for completion

1. Please complete the form where possible and submit to: COVIDCare@uhn.ca or fax 416-340-4135
2. The referred patient will receive a virtual assessment from a clinician. Wherever possible we aim for within 24 hours. Patients who are eligible for therapeutics will be prioritized

IMPORTANT: If you have already assessed your patient and would like to prescribe Remdesivir directly (without virtual assessment from the clinic), please complete the following form instead: [Remdesivir Referral Form](#)

Patient Demographics – please enter all relevant patient data						
Patient Full Name:						
Date of Birth:	HCN (with version code):					
Patient Phone:	Email:					
Patient Address:	Postal Code:					
Referring Provider						
Referring Provider:						
Phone:	Email:					
Virtual Care Clinic Assessment						
Does the patient consent to being contacted by a scheduler for a virtual care visit?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
History						
Date of Symptom Onset:		Date of Positive Test:				
Test Type:	<input type="checkbox"/> PCR Test <input type="checkbox"/> Rapid Antigen Test (administered at-home) <input type="checkbox"/> Rapid Antigen Test (administered by health care provider)					
Allergies:	OR <input type="checkbox"/> No known allergies					
Any Ongoing Symptoms?						
Any additional information (e.g. clinical or psychosocial concerns, major comorbidities or pending investigations)						

COVID-19 Therapeutics

Only complete the following section if: patient is eligible for therapeutics. Patient will be assessed virtually, and if eligible, the clinic's clinician will act as prescriber. The eligibility criteria is included in the following section. Please provide as much information in the section following as available to support the assessment.

Criteria for Use			
Patient must symptomatic and within 5-7 days			
Please select the eligibility criteria the patient meets:			
<input type="checkbox"/> Adults ≥60 years of age with no other risk factors (regardless of vaccination status)			
<input type="checkbox"/> Adults with one or more underlying conditions that puts them at high risk for severe COVID-19 outcomes			
<input type="checkbox"/> Immunocompromised adults ≥18 (regardless of age, vaccination status, or prior infections). Examples: <ul style="list-style-type: none"> • active hematological malignancy or post stem cell transplant or CAR T-cell therapy in last 6 months • solid organ transplant • hypogammaglobulinemia • taking prednisone greater than 20 mg/day (or equivalent) for more than 14 days • other moderately or severely immunosuppressive therapies (example: anti-CD20 agents, alkylating agents, cancer chemotherapy) 		<input type="checkbox"/> Adults with inadequate immunity, such as: <ul style="list-style-type: none"> • Unvaccinated or under-vaccinated (example: completed primary series AND last COVID-19 vaccine dose was more than 6 months ago AND last SARS-CoV-2 infection was more than 6 months ago). • See the most recent immunization guidance from National Advisory Committee on Immunization to determine if your patient is under-vaccinated. 	
<input type="checkbox"/> Patient does not meet above eligibility criteria, but treatment determined appropriate (please provide reasoning):			
Renal & Liver Impairment			
Renal Function	Creatinine umol/L:	eGFR:	<input type="checkbox"/> Not Available
Liver Tests (e.g. ALT, ALP, Bili, INR)			<input type="checkbox"/> Not available
Please specify reason for approval:			
Note: <ul style="list-style-type: none"> • For remdesivir no dose adjustment required with impaired renal function, including patients on dialysis • If eGFR < 30 ml/min, PAXLOVID can be used, a dose adjustment is required. If eGFR >30 to <60ml/min, dose adjustment is required for moderate renal impairment. An eGFR within the last 3 months is recommended. If an eGFR is not available, please assess patient for risk factors associated with reduced kidney function (diabetes, recent surgery, hypertension, etc.) • If receiving dialysis treatment - on days of treatment, PAXLOVID is to be administered <u>after</u> treatment. Please refer to Nirmatrelvir/Ritonavir (Paxlovid) and Remdesivir Use in Patients on Dialysis with COVID-19 • PAXLOVID is NOT recommended in severe hepatic impairment (Child-Pugh Class C) 			
Please list ALL Current Medications (List in form or attach a list or screen shot):			
Prescription Medications (Drug Name, Dose and Frequency):		Herbals:	