

Registry Reporting

Initial Intake

Demographics:

Date: _____
County of Residence _____
Patient Name: _____
Patient Date of Birth: _____
Age _____
Sex Male Female
Race American Indian Alaskan Native
 Asian Black or African American
 Pacific Islander White
Pregnant Yes No
Admission/Encounter (date) _____
Admitted Yes No
Hospital/Facility Name _____
Discharge (date) _____
Site/mode of Presentation Clinic ER Video Visit

COVID-19 Testing:

Date of COVID-19 Positive Test _____ PUI
Testing Lab _____

Medical History/Exposures (Y/N):

Lung Disease

Asthma
 COPD
 Other Lung Disease _____

CV Disease

Heart Failure
 Hyperlipidemia
 Hypertension
 Coronary Artery Disease
 Other Heart Disease _____

Diabetes PreDiabetes Type1 Type2

BMI _____

Smoking Status

Current Smoker
 Former Smoker
 Vaping

Immunosuppression Yes No

Other Chronic disease (specify) _____

Initial Clinical Presentation Data:

Days of Symptoms prior to clinical presentation _____

Symptoms on clinical presentation

Fever Chills
 Shortness of Breath Sore Throat
 Cough Other _____

Weekly Follow up

Date:

Patient Name:

Patient Date of Birth:

Admission/Encounter (date) _____
Admitted Yes No

Hospital/Facility Name _____
Discharge (date) _____

COVID-19 Testing:

Date of COVID-19 Positive Test _____ PUI
Testing Lab _____

Treatments:

Pharmacologic Treatment

Hydroxychloroquine Yes No
Antiviral (Remdesivir, Lopinavir/ritonavir, etc) Yes No
Immune Modulator Yes No
Convalescent Plasma Yes No
Therapeutic Anticoagulant Yes No
Antibacterial Yes No
Steroids Yes No
Other Rx Agent (Specify) _____

Therapies

Supplemental Oxygen Yes No
High Flow O2 Yes No
Ventilation Yes No
Other non-Rx Agent (Specify) _____

Outcomes:

Disposition _____

Death Yes No

Date of Death _____