Providence Health Care
How you want to be treated.

POST-COVID-19
Interdisciplinary Clinical Care Network
Provincial Health Services Authority

Place Patient Form Label Here

POST-COVID-19 INTERDISCIPLINARY CLINICAL CARE NETWORK (PC-ICCN) REFERRAL

* 8 5 6 5 *

Referral Other

Referral Date: _____

* *Required fields must be completed or Referral will NOT be processed.*

Referrals to the PC-ICCN are for patients experiencing persistent symptoms affecting daily living for **more than 3 months** following a **presumed or confirmed COVID-19 illness. Other causes for symptoms must be ruled out prior to referral.** Please see page 2 for additional referral guidelines.

PC-ICCN's model of care takes an **education-first approach**. Patients can access group education sessions and rehabilitation support from nurses, social workers, physiotherapists, and occupational therapists. **As needed**, staff will connect patients with physician specialists.

REFERRING CLINICIAN

Name: _____ MSP Number: _____

Phone: _____ Fax: _____ Email: _____

FAMILY PHYSICIAN: (if different from referring clinician) _____ MSP Number: _____

Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Last name: _____ First name: _____ Middle initial: _____

PHN: _____ DOB: (dd/mmm/yyyy) _____ Gender: ☐ Male ☐ Female

Address: _____ ☐ Other: _____

City / Town: _____ Postal Code: _____

Patient phone number: _____ Email: _____

Alternate contact – Name: _____ Phone: _____

Relationship to patient: _____

Is an interpreter required? ☐ No ☐ Yes If Yes, language: _____

CLINICAL INFORMATION

Date of symptom onset: (dd/mmm/yyyy) _____ * *Referrals will only be accepted 3 months after symptom onset.*

Patient admitted to hospital: ☐ No ☐ Yes Date of hospital discharge: (dd/mmm/yyyy) _____

ICU admission: ☐ No ☐ Yes Date admitted to ICU: (dd/mmm/yyyy) _____

REASON FOR REFERRAL *

☐ fatigue ☐ brain fog ☐ shortness of breath ☐ chest pain ☐ palpitations ☐ headaches

☐ other: _____ *(please list)*

Any other relevant diagnoses/information: _____

Confirm that you have completed a full history, physical examination and relevant investigations as part of differential diagnoses, and to rule out other conditions explaining the symptoms. (**see page 2 for specific workup requirements*) ☐ Yes

Confirm that your patient has been informed this is a multidisciplinary clinic that supports recovery through self-management activities ☐ Yes

Fax completed referral to 604-806-8809

We will contact your patient directly. If you require further support or have questions regarding your post-COVID patient, please request advice from "General Internal Medicine – COVID-19-Long Term Sequelae" via the RACE app: http://www.raceconnect.ca/race-app/

POST-COVID-19 INTERDISCIPLINARY CLINICAL CARE NETWORK (PC-ICCN) REFERRAL

* 8 5 6 5 *

Referral Other

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REFERRING CLINICIAN CHECKLIST

- ☐ Ensure ALL clinician information is provided, including email addresses.
- ☐ Ensure ALL patient demographic and contact information is provided, including email addresses.
- ☐ Provide any known clinical information and attach relevant documents to help triage patient referral. (See clinical workup checklist below)
- ☐ Provide your patient with the PHSA website for self-care resources: www.phsa.ca/postCOVID

Fax completed referral to PC-ICCN: 604-806-8809.

CLINICAL WORKUP CHECKLIST*

*The ordering provider must address abnormal results

- ☐ **Fatigue**
  - ☐ CBC, ferritin, TSH, B12
  - ☐ OSA testing *(if high risk)*
  - ☐ PHQ-9 for depression
  - ☐ GAD-7 for anxiety
- ☐ **Brain fog**
  - ☐ CBC, ferritin, TSH, B12
  - ☐ OSA testing *(if high risk)*
  - ☐ PHQ-9 for depression
  - ☐ GAD-7 for anxiety
- ☐ **Shortness of breath**
  - ☐ CXR
  - ☐ Spirometry *(if bronchospasm)*
- ☐ **Chest pain**
  - ☐ ECG
  - ☐ BNP
  - ☐ CXR
- ☐ **Palpitations**
  - ☐ ECG
  - ☐ Holter monitor
- ☐ **Rash**
  - ☐ Dermatology consult
- ☐ **Loss of taste/smell**
  - ☐ ENT consult

***Note: the referral will be declined if these workups are incomplete.**

POST-COVID INTERDISCIPLINARY CLINICAL CARE NETWORK (PC-ICCN) GUIDELINES

- Patients must be willing to engage in self-management activities and group rehabilitation classes online.
- There is no COVID-19 diagnostic requirement to be eligible for referral. Referrals will only be accepted from a medical doctor or a nurse practitioner 3 months after symptom onset. Referrals for pre-existing symptoms/concerns should not be made to the PC-ICCN.
- The PC-ICCN does not accept re-referrals following discharge from the clinic. If you believe your patient requires re-entry into the network, please use the RACE app to have the case reviewed.
- **Please encourage your patient to review recovery information on our website:** www.phsa.ca/PostCovid

FOR GENERAL INQUIRIES VISIT: www.phsa.ca/postCOVID **OR EMAIL:** post-COVID-ICCN@phsa.ca