

## COVID-19 CLINIC REFERRAL FORM

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- Date of symptom onset: \_\_\_\_\_
- Symptoms: \_\_\_\_\_
- Date of positive COVID-19 test: \_\_\_\_\_
- Does this person have a history of prior COVID-19 within the past 90 days?

Criteria for Referral to Clinic (please fill all fields to help guide clinic triage for treatment decisions and urgency)

### Determine the risk of disease progression.

- **Higher risk** individuals are those who have a  $\geq 5\%$  risk of hospitalization if they develop COVID-19. **Standard risk** individuals are those who have a  $< 5\%$  of hospitalization.
- Indigenous people, Black people, and members of other racialized communities may be at increased risk of disease progression due to disparate rates of comorbidity, increased barriers to vaccination, and social determinants of health. They should be considered **priority populations** for access to COVID-19 drugs and therapeutics.

AGE (years)	NUMBER OF VACCINE DOSES			RISK FACTORS
	0 doses	1 or 2 doses	3 doses	
<20 <sup>1</sup>	Higher risk if $\geq 3$ risk factors <sup>1</sup>	Standard risk <sup>1</sup>	Standard risk <sup>1</sup>	<ul style="list-style-type: none"> <li>• Obesity (BMI <math>\geq 30</math> kg/m<sup>2</sup>)</li> <li>• Diabetes</li> <li>• Heart disease, hypertension, congestive heart failure</li> <li>• Chronic respiratory disease, including cystic fibrosis</li> <li>• Cerebral palsy</li> <li>• Intellectual disability</li> <li>• Sickle cell disease</li> <li>• Moderate or severe kidney disease (eGFR <math>&lt; 60</math> mL/min)</li> <li>• Moderate or Severe liver disease (e.g., Child Pugh Class B or C cirrhosis)</li> </ul>
20 TO 39	Higher risk if $\geq 3$ risk factors	Higher risk if $\geq 3$ risk factors	Standard risk	
40 TO 69	Higher risk if $\geq 1$ risk factors	Higher risk if $\geq 3$ risk factors	Standard risk	
$\geq 70$	Higher risk	Higher risk if $\geq 1$ risk factors	Higher risk if $\geq 3$ risk factor	
<i>Immunocompromised<sup>2</sup> individuals of any age</i>	Higher risk: Therapeutics should always be recommended for immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infections due to their underlying immune status, regardless of age or vaccine status. <sup>1,2</sup>			
Pregnancy	Higher risk <sup>3</sup>	Standard risk	Standard risk	

1. Evidence for the safety and efficacy of sotrovimab and nirmatrelvir/ritonavir (Paxlovid) in children  $< 18$  years of age is limited. While early evidence on risk factors for moderate and severe COVID-19 in children is emerging, the ability to reliably predict disease progression in children remains very limited, and the frequency of progression is rare. While not routinely recommended in children  $< 18$  years of age, the use of these agents may be considered in exceptional circumstances (e.g., severe immunocompromised and/or multiple risk factors, clinical progression) on a case-by-case basis. Multidisciplinary consultation with Infectious Diseases (or Pediatric Infectious Diseases) and the team primarily responsible for the child's care is recommended to review the individual consideration of these medications.
2. Examples of immunocompromised or immunosuppressed individuals include receipt of treatment for solid tumors and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment), receipt of solid-organ transplant and taking immunosuppressive therapy, receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy), moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome), advanced or untreated HIV infection, active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory. These individuals should have a reasonable expectation for 1-year survival prior to SARS-CoV-2 infection.
3. Therapeutics should always be recommended for pregnant individuals who have received zero vaccine doses.

- Does the patient meet criteria on the table above? Explain: \_\_\_\_\_
- Long COVID

Provider Name (print): \_\_\_\_\_ Direct Contact Number (not office line): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_ OHIP #: \_\_\_\_\_

NOTE: This is a **CONTROLLED** document as are all files on this server. Any documents appearing in paper form are not controlled and should **ALWAYS** be checked against the server file versions (electronic version) prior to use

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