

PATIENT PROFORMA FOR 2019-nCoV (SARS-CoV-2) TESTING (Form 44)

THIS FORM NEEDS TO BE SIGNED AND STAMPED BY A DOCTOR
SHOULD BE ACCOMPANIED BY A PRESCRIPTION AND A VALID GOVT ID.

Name of the Patient			
Age		Gender	
Address			
Telephone number		Mail ID	
Doctor's Name		Mobile No:	
Hospital Name			
Clinical symptoms (Pl mention beside each symptom if date of onset is different)			
Date of symptoms onset:			
Fever:	Y/N	Chills:	Y/N Duration:< <7days >7days
Cough:	Y/N	Productive:	Y/N Sore Throat: Y/ N
Breathlessness:	Y/N	Myalgia:	Y/N Headache: Y/ N
Nausea:	Y/N	Vomiting:	Y/N Abdominal pain: Y/ N
Diarrhea:	Y/N	Any other symptom: (pl. mention with date) onset:	

History of possible exposure to 2019-nCoV (SARS-CoV-2):	
International Travel: Y/ N	Country *(China/other):..... Place(Wuhan/other):.....
Duration of stay:	Date of departure:
Date of arrival to India:	
*In case of travel to multiple countries, even transiently (please mention details):	
H/o exposure to a confirmed/ suspected case of 2019-n CoV (SARS-CoV-2): Y/N	Date:
H/o exposure to any person with above symptoms who has further H/o of exposure to a confirmed case of 2019-nCoV(SARS-CoV-2): Y/N	Date:
Is the person, a health care worker: Y/N	
If HCW, H/o of treating an unusual cluster of cases with above mentioned symptoms: Y/N	Date:

Differential Diagnosis:

Treatment History (Please mention the details of any chronic medication also) :			
Indication	Name of the drug	Date of administration	Duration

Investigation details and findings:	
Hematological:	Microbiological:
Radiological:	Any other:
Details of the sample:	
Type of sample (Pl tick, including more than one type): Nasopharyngeal swab/ Oropharyngeal swab	
Date of sample collection:	Valid Govt ID attached _____-(Specify: Aadhaar/VoterID/Driving License)
Doctor Signature:	Stamp: