LONG COVID ASSESSMENT CLINIC REFERRAL FORM

Email: HealthRAHOPDReferrals@sa.gov.au

Government of South Australia | Health Central Adelaide Local Health Network

Please complete all the information requested below to assist with triaging. Incomplete referrals will delay triaging. If your patient requires single discipline or allied health input only consider referral to alternative options. Information for health professionals on the assessment and management of Long COVID is available through the Health Pathways (Health pathways Login: covid19, Password: sapassword). **A handout is also attached.**

The following are some resources that patients can be directed to:

1. Long COVID patient support groups at https://lungfoundation.com.au/blog/covid-survivor-support-group/

2. Self-rehabilitation through https://www.who.int/publications/m/item/support-for-rehabilitation-self-management-after-covid-19-related-illness.

3. Information from The Long COVID Alliance including educational videos https://batemanhornecenter.org/education/long-covid/

PATIENT DETAILS
PATIENT NAME:

DOB:

ADDRESS:

CONTACT NUMBER:
EMAIL (preferred mode of communication):

Referral to (multiple can be selected):
☐ Dr Angela Molga
☐ Dr Nicholas Farinola
☐ Dr Rami Tadros
☐ Dr Tam Le Cong
☐ First available: Dr Farinola, Dr Molga, Dr Tadros, Dr Le Cong
☐ Any doctor

CLINIC ACCEPTANCE CRITERIA

- **Confirmed infection on testing e.g. PCR, RAT**
- **At the time of referral, it is at least 12 weeks from the onset of the first infection with COVID-19**
- **Persistent and significant symptoms at least 2 months**
- **RED FLAGS (DO NOT refer to this clinic. Refer for emergency management):**
  Severe, new onset or worsening dyspnoea or hypoxia
  Syncope
  Unexplained chest pain, palpitations or arrythmias where appropriate investigations have not been undertaken
  New delirium or focal neurological signs
  Severe psychiatric symptoms

CLINICAL INFORMATION

- Date of confirmed infection with a positive COVID-19 test ____/_____/_____
- Severity of the acute COVID infection:

☐ 0, Asymptomatic: Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test [NAAT] or an antigen test) but who have no symptoms that are consistent with COVID-19

☐ 1, Mild: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhoea, loss of taste and smell) but who do not have shortness of breath, dyspnoea, or abnormal chest imaging

☐ 2, Moderate: Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation measured by pulse oximetry (SpO2) ≥94% on room air at sea level.

☐ 3, Severe: Individuals who have SpO2 < 94% on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) < 300 mm Hg, a respiratory rate >30 breaths/min, or lung infiltrates >50%.

☐ 4, Critical: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction

SYMPTOMS AND LABORATORY INVESTIGATIONS

Attach the following results to the referral: CBE, EUC, LFTs, then symptom specific

Indicate the symptoms present:

Symptoms	**Present**	**If yes, investigation to be conducted and results attached**
Fatigue with no alternative cause	☐Yes ☐No	☐ Bloods: Iron studies, vitamin B12 studies, thyroid function
Shortness of breath with no alternative cause	☐Yes ☐No	☐ D-dimer ☐ Chest Xray if not contraindicated ☐ CTPA or VA scan as clinically appropriate ☐ Spirometry (handheld) if available or PFTS if done ☐ Echocardiogram as appropriate
Muscle/joint pain with no alternative cause	☐Yes ☐No	☐ Bloods: ESR, CRP
Headaches with no alternative cause	☐Yes ☐No	☐ Bloods: ESR, CRP ☐ Cerebral imaging as appropriate
Cognitive signs with no alternative cause	☐Yes ☐No	☐ Bloods: Vitamin B12 studies, Thyroid function ☐ GPcog http://gpcog.com.au/index/patient-assessment or equivalent ☐ DASS-21 ☐ Cerebral imaging as appropriate
Functional decline	☐Yes ☐No	☐ Post-COVID Functional Scale ☐ Details:
Mental Health conditions	☐Yes ☐No	☐ DASS-21

Gastrointestinal symptoms with no alternative cause	☐Yes ☐No	☐ ESR, CRP, antibody testing for coeliac disease
Sleep disturbance	☐Yes ☐No	☐ DASS-21
Palpitations	☐Yes ☐No	☐ ECG, TFTs, Holter
Chest pain: PE and ischaemic heart disease ruled out	☐Yes ☐No	☐ If no cardiovascular risk factors present: CXR, ECG, Echocardiogram ☐ If cardiovascular risk factors present manage in line with national guidelines
Orthostatic intolerance/POTS-like symptoms/suspected POTS	☐Yes ☐No	☐ECG, Echo, Holter, TFTs, Iron studies, 10-minute lean test, d-dimer, CRP, ESR, troponin
Other symptoms:		

VITAL SIGNS:

☐ Lying blood pressure and heart rate _____

☐ Standing blood pressure and heart rate _____

☐ Any symptoms reported on standing: _____

ONE MINUTE SIT TO STAND TEST (Do not perform if patient is hypoxic at rest or other contraindications)

Instructions:
1. Place the back of the chair against a wall to stop it moving whilst performing the test.
2. Before starting, measure the patient's oxygen levels and heart rate using a pulse oximeter and measure their breathlessness using the BORG breathlessness scale. Write down all the results.
3. Set a timer for one minute.
4. Ask the patient to sit down in the chair with feet flat on the floor.
5. Ask them to put their hands on their hips, let them hang by their sides or hold them loosely together.
6. Stand up from the chair until their legs are completely straight - making sure that they do not use their hands or arms to help. Then they can sit back down again. This counts as one sit to stand.
7. Ask them to continue sitting up and down on the chair as many times as they can in one minute and start the timer.
8. Resting is permitted, and they can continue when able.
9. Stop the test at any time if they feel unwell, have chest pain, dizziness, or severe breathlessness.

10. When finished write down how many sit to stand exercises were completed in one minute.
11. Then measure their heart rate and oxygen levels using the pulse oximeter and breathlessness using the BORG scale.

Modified Borg scale – Kendrick et al[23]

0	No breathlessness at all
0.5	Very, very slight (just noticeable)
1	Very slight
2	Slight breathlessness
3	Moderate
4	Somewhat severe
5	Severe breathlessness
6	
7	Very severe breathlessness
8	
9	Very, very severe (almost maximal)
10	Maximal

	At rest	**At the end of the test**
Oxygen saturations		
Heart rate		
Breathlessness using the Borg Scale		

Total number of sit to stands completed: _____

☐ **Attach patient profile with medical history, vaccination status, up to date medication list, relevant letters from other specialists or services.**
☐ **Has the patient also been referred to other services including private? If so please list the services or providers to assist with collating relevant clinical information prior to their appointment. Attaching the information would expedite the triaging process.**

Referrer Name:
Provider number:
Signature:
Date of referral:
Practice email of referrer email (secure) to send correspondence