

Client - (488104) Test, Test



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Release of Information: **None**

Client Information

Service Transactions

Summary **Client Profile** Households ROI Entry / Exit Case Managers Case Plans Measurements Activities Assessments

Client Record

Name	Test, Test
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	
U.S. Military Veteran?	No (HUD)
Age	



Client Demographics



7. Date of Birth	
Date of Birth Type	
Gender	
Primary Race	
Secondary Race	
Ethnicity	

COVID-19 Status and Vulnerability Assessment



COVID Status Questions

Information Date

Select 'Yes' if a client shows symptoms consistent with COVID-19.

Are you experiencing symptoms consistent with COVID-19 (fever, cough, shortness of breath)?

Is client experiencing diarrhea not related to norovirus [AKA stomach flu]?

When did your symptoms begin?

If yes, ask the individual to wear a disposable mask, and follow your agency's procedure for next steps. If you aren't sure of next steps, follow Health Department guidance at the bottom of this assessment.

Have you had known close contact to an individual who has been diagnosed with COVID - 19?

If yes, follow your agency's procedure for next steps. If you aren't sure of next steps, follow Health Department guidance at the bottom of this assessment.

Have you been tested for COVID - 19?

If tested for COVID-19, when were you tested?

If yes, where were you tested?

If tested for COVID-19, what date were the test results provided to you?

If yes, follow your agency's procedure for next steps. If you aren't sure of next steps, follow Health Department guidance at the bottom of this assessment.

When did you begin your isolation?

When did you begin your quarantine?

If hospitalized, what date were you admitted to the hospital?
Clinical Health Notes:
What is your current symptomatic disposition?
What is the date of your current symptomatic disposition?
Recovery date:

If client indicates they are experiencing symptoms, ask the individual to call one of the following healthcare system's COVID-19 hotline for testing and screening:

Atrium Health COVID-19 Hotline at 866-462-3821 or Novant Health COVID-19 Hotline at 877-499-1697

If client indicates they have been in close contact with someone diagnosed with COVID-19, please have the individual call the MCPH COVID-19 Hotline (980-314-9400 option 1) to speak with a Communicable Disease nurse for guidance on exposures.

If client indicates they have been tested, have them call the MCPH COVID-19 Hotline (980-314-9400 option 1) to speak with a Communicable Disease nurse to verify test. If the test is verified, MCPH will provide specific guidance for next steps & housing.

****RETIRED QUESTIONS** DO NOT USE**

Symptoms consistent with COVID-19 (fever, cough, shortness of breath)?
If symptoms consistent with COVID-19, quarantine date:
If symptoms consistent with COVID-19, date symptoms started:
If hospitalized, date:
If known, what is the COVID-19 test result or confirmed disease status?
If known, test result or confirmed disease status:
Client health notes:

COVID-19 Vulnerability Assessment

Do you have any Chronic Health Conditions?
Do you have Chronic Liver Disease?
Do you have a Hemoglobin Disorder (Sickle Cell, Thalassemia)?
Do you have Chronic Kidney Disease and are Undergoing Dialysis?
Do you have Diabetes?
Do you have Heart Disease (history of Heart Attack or Stent)?
Do you have Lung Disease (Asthma, COPD)?
Are you Immunosuppressed (Cancer/ HIV)?
If you have other chronic health conditions, please specify:
Are you or any one in the household over 60?
What is the age group of the oldest member of your household?

Call Records							
Start Date	Call ID	Call Time	Call Type	Call Status	Follow Up Needed	Call Notes	
No matches.							

Client Notes				
Provider	Note Date	Note Preview	Full Note	

No matches.

File Attachments

		Date Added ▼	Name	Description	Type	Provider	Added From	
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No matches.

Incidents

	Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
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No matches.