

# COVID-19 PATIENT HISTORY AND PHYSICAL RECORD

Complete this record for all COVID and suspected COVID patients, outpatient, ED, and initial admission. Include in patient's medical record. Upload into TMDS using ICD-10 code B97.29, U07.1 or U07.2. Use military 24hr format for time and MM/DD/YYYY for dates. Version 1.0, 26 May 2020

MTF Name   Role 1  Role 2  Role 3  Role 4 Arrival date  Arrival time

## Patient Info

Patient Name  DoD ID  SS#  Age  Gender  M  F DOB   US citizen

Race   Military Service  Rank  Occupation  Specialty code   CIV  CTR

Base  Unit  Barracks ID  Coalition Forces: Nation

Residence type (house, apt, barracks, coop, nursing home)  Living arrangement Single  Roommate  Open bay (3+)  Room/Apt #

Presenting complaint  Date of symptom onset  Hospital admission with 14 days Yes  No

Contact time with COVID-infected person in past 14 days Yes  No  Brief  Extended  Roommate  Unknown

Traveled Yes  No  Travel location  Return date

Date social distancing started  Quarantine Yes  No  No. of days  Start date of quarantine

List names of people with whom patient was in close contact

History of present illness

## Symptom Survey

<input type="checkbox"/> Fever >100.4F (>38C)	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Sputum production	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Subjective fever	<input type="checkbox"/> Coughing	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Altered consciousness/confusion
<input type="checkbox"/> Chills	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Muscle aches (myalgia)	<input type="checkbox"/> Loss of smell/ taste (anosmia/ageusia)
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Shortness of breath (dyspnea)	<input type="checkbox"/> Nausea or vomiting	Other symptom(s) <input type="text"/>
<input type="checkbox"/> Headache	<input type="checkbox"/> Running nose (rhinorrhea)	<input type="checkbox"/> Abdominal pain	

## Medical History

Cardiovascular Dz

Pulmonary Dz

Diabetes

Liver Dz

Cancer Stage

Renal Dz

Neurologic Dz

Rheumatic Dz

Immune

Other

## Other History (select all that apply)

Smoker  ARB use  If infant, term birth (>= 37wk GA)

Former smoker  ACE use  If infant, pre-term birth (< 37wk GA)

Vaper  Immunosuppressive use  Last flu vaccine Date

Former vaper  Malaria Prophylaxis use  Last PCV13 vaccine Date

Pregnant-wks  NSAID use in past 5 days  Last PCV23 vaccine Date

Illicit drug use

Medications (list)

## Surgical History

**PRIVACY ACT STATEMENT:** This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record, STANDARD FORM 600  
(Rev 8/2018) Presented by GSA/ICMR  
FIRMR (41 CFR) 201-9-202-1

**AAR comments, suggestions, lessons learned can be emailed to: DHA.JBSA.j-3.List.JTS-PIPS@mail.mil FOR OFFICIAL USE ONLY - when filled out**

Vitals Time  Temp-F  BP  RR  HR  SaO2  GCS  AVPU  Height  Weight

### Physical Exam

#### General/Physc

- WNL
- Agitated
- Anxious
- Distressed mild
- Distressed mod
- Distressed severe
- SI/Hi
- Angry
- Hostile
- Combative
- Depressed
- Withdrawn

#### Skin

- WNL
- Pale
- Cool
- Rash
- Diaphoretic
- Erythema
- Cyanotic
- Laceration
- Mottled
- Abrasions
- Bruising
- Burn

#### Eyes

- WNL
- Discharge
- Unequal pupils
- Ears
- WNL
- Drainage

#### Nose/Throat

- WNL
- Congestion
- Dry mucous membranes

#### Abdominal

- Tenderness w/ palpation
- WNL
- Ecchymosis
- BS-absent
- Guarding
- BS-hypo
- Rebound
- BS-hyper
- Flank tenderness
- R  L

#### Neurological

- WNL (A&O x 4)
- Disoriented
- Motor deficit
- Sensory deficit
- Unsteady gait

#### Cardiovascular

- WNL
- Click
- Rub
- Brady
- Gallop
- Tachy
- Pulse deficit
- Irregular
- PVCs or ectopy
- Murmur
- Cap refill>2

#### Respiratory

- WNL
- Dyspnea
- Wheezing
- Distress mild
- Rhonchi
- Distress mod
- Crackles
- Distress severe
- Stridor
- Accessory muscle use

#### Muscular

- WNL
- Weakness
- Swelling
- Deformity
- Limited ROM
- Tenderness to palpation
- Unable to bear wt, ambulate

#### GU/GYN

- WNL
- Odor
- Hematuria
- Vag bleeding
- Vag discharge
- Testicular pain

Other exam findings

### Radiology Findings (select all that apply)

Chest X-ray  Normal  Unilateral lobar infiltrate(s)  Bilateral lobar infiltrate(s)  Interstitial infiltrate(s)  Diffuse ground-glass opacity  
 Pleural effusion  Pneumothorax  Other (specify)

Chest CT  Normal  Unilateral lobar infiltrate(s)  Bilateral lobar infiltrate(s)  Interstitial infiltrate(s)  Diffuse ground-glass opacity  
 Pleural effusion  Pneumothorax  Pulmonary embolism  Other (specify)

### Lab Findings

WBC  pH  Na  TBil  Rapid flu  Pos  Neg CRP   
Hgb  PaO2  K  DBil  Rapid COVID  Pos  Neg Lactate   
Hct  pCO2  Cl  AST  Biofire  Pos  Neg Troponin   
Platelets  BE  CO2  ALT  Source  D-dimer   
Blood type  A  B  ABG  VBG  AB  O  Cr  ALP  COVID PCR  Pos  Neg  Pro-calcitonin   
 AB  O  Glu  ALb  Source  Other lab(s)

### Respiratory interventions

Non-invasive ventilation  Room air  NC  Face mask  CPAP/BIPAP  High flow O2 O2 flow rate

Invasive ventilation: Intubation required  Mechanical ventilator type

PPE used for intubation:

Surgical mask  N95  PAPR  None

Outpatient disposition  Discharged w/ no restrictions  Return to duty  Quarantine  Isolation  Admitted Disposition date/time

Admission Admitted: Yes  No  Location   Room air/stable  Supp. O2  Intubated/Critical

### Assessment and Plan

Provider Name  Date form filled out

Patient Name  DoD ID  SS#  DOB  Gender  M  F