

Pre-hospitalisation/ admission COVID-19 anamnesis

Patient information

Last name:

First name:

Date of birth:

Phone number:

Dear Patient,

For your own protection and the safety of other patients and hospital staff, we ask you to please answer the following questions carefully:

Infection with COVID-19

Have you been infected, or have you tested positive? Yes No

→ **If yes:** Has the self-isolation/quarantine order been lifted? Yes No

→ **If yes:** When and by whom?

.....

Have you had a negative SARS-CoV-2 swab test? Yes No

→ **If yes:** When was this done? (Date and addendum)

.....

Anamnesis

Do you currently have the following symptoms, or have you experienced them in the past 14 days?

Please check all that apply:

Fever > 38 °C

Shortage of breath

Abnormal fatigue

Headache

Dry cough

Diarrhoea

Sore throat

Chills

Loss of the sense of smell

Head cold

Rheumatic pains

Contact with persons in quarantine (applies only for persons living together in the same household) within the past 14 days*: Yes No

→ **If yes:** When/from when to when:

.....

Contact with a confirmed COVID-19 case in the past 14 days*: Yes No

→ **If yes:** Where/how/when:

.....

Have you been admitted to another hospital within the past 14 days? Yes No

→ **If yes:** From when to when?

Were there any cases of COVID-19 in that hospital? Yes No

→ **If yes:** On your ward? Yes No

Last update: 05/2020

Anamnesis

Are you the resident of a nursing home, assisted living community or mass accommodation facility that had COVID-19 cases in the past 14 days?

Yes No

Do you work in a nursing/educational/community facility, medical practice or hospital where COVID-19 cases occurred and you were involved in their care?

Yes No

*** Accommodation:**

If the period is less than 14 days, accommodation in the yellow zone and testing are required upon admission. When the most recent contact was 14 or more days ago and none of the aforementioned symptoms apply, the patient can be admitted to the green zone. The local situation in the referring nursing homes and mass accommodations also has to be evaluated.

Please inform us by telephone in case of new information regarding the preceding questions in the days directly before the planned hospital admission.

In case of anamnesis by a hospital employee over the phone:

Date

Hospital employee's signature

In case of primary anamnesis before admission and inpatient admission today:

Confirmation that there is no new information regarding the preceding questions:

Date

Patient's signature

Doctor's decision on inpatient admission:

Yes No

Date

Doctor's signature