



Johns Hopkins Post-Acute COVID -19 Team (JH PACT)  
Phone- 443-287-2616  
Fax- 410-367-2725  
Email- PACT @jhmi.edu

**PACT Clinic Patient Enrollment Form**

Please note pending specific patient insurance provider Maryland Uniformed Consultation Form may be required in addition

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Received care within the Johns Hopkins Health system before:**

- Yes
- No

Check applicable option(s) below for which provider specialty inquiring about:

- COVID-19 related ongoing pulmonary symptoms/abnormalities
- COVID-19 related ongoing neuropsychological/physical symptoms

When was the patient diagnosed with COVID-19 (If multiple infections please provide all – month/year):

Please check all applicable symptoms the patient is experiencing:

- Fatigue
- Brain Fog
- Other – Please Explain:
- Cough
- Headaches
- Shortness of Breath
- Neuropathic Pain
- Chest Pain
- Post Exertional Malaise
- Dysautonomia/POTS

**Referring Provider Name/specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Provider Signature (stamp or e-sign acceptable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note at this time the JH PACT clinic does not accept patient self-referrals

**If patient was not seen at a Hopkins facility/facility that utilizes EPIC EMR please send pertinent medical records with this enrollment form**

**Examples:**

- Discharge summary for any COVID related hospital admissions
- Most recent clinic notes related to COVID-19 or long COVID
- Imaging reports
- Physical Therapy, Speech Therapy and/or Occupational Therapy note(s)

