

Referral Template
for
Post-Acute COVID Team (PACT) and Remote Patient Monitoring (RPM)

******Patient must have had COVID to enroll******

Email copies of the form to one or both email addresses specified below

Patient Name: _____

MRN (if receives care at Johns Hopkins): _____

DOB: _____

Address: _____

Best Number for patient contact: (specify #, type of phone, and whose it is)

Does patient have a land line phone? Y/N Number: _____

Does patient have a smart phone or device? Y/N Number: _____

If no, does someone in the home have a smart phone or device that could be used daily?

Y/N Name and Number: _____

PCP full name*: _____

Home Oxygen (Y/N): liter flow _____ **Is Oxygen New?** **Company** _____

Did the patient require ICU-level care for >48 hours during acute COVID-19? Y/N _____

Did the patient require HFNC and/or intubation during acute COVID-19? Y/N _____

Hospital Referring MD _____

Expected Discharge Date _____

Referral to:

[] PACT Physical Medicine and Rehab Services (email completed form to PACT@jhmi.edu)

[] PACT Pulmonary Medicine Services (email completed form to PACT@jhmi.edu [note same email as above])

[] Remote Patient Monitoring (email completed form to RPM-JHHCG@jhmi.edu)

Comments: