Fraser Northwest
Division of Family Practice
A GPSC initiative

FNW COVID & Influenza Like Illness Assessment Clinic

Continuity Note for Family Doctor / Referring Physician

Patient Label

Fraser Northwest Division Influenza-Symptom Testing Center
Email: assessmentclinicphysician@fnwdivision.ca
107 - 301 E Columbia St, New Westminster

Patient name:

Patient age: PHN: Patient Phone:

Referring Physician: Fax:

Date: undefined/ur

☐   Patient consented to send information to family physician

Dear Colleague,

Thank you for your referral to the FNW Assessment Clinic. Below is a summary of the visit.

Your patient contacted the COVID screening clinic on:

The patient was seen on: undefined/unc   **Swab Priority:**

☐   Did **NOT** qualify for COVID-19 testing.

  ☐   Since the patient has URT symptoms, they were advised to **self-isolate for 10 days from symptom onset**, or until they feel better, which ever is later.

☐   COVID-19 testing was done. Copy of result will be sent to you.

  ☐   Advised to continue self isolation. If COVID-19 is negative, can stop self-isolation after **10 days**, or once feeling better. If COVID-19 is positive, the patient will be contacted for further information.

☐   Assessment resulted in referral to Emergency Department.

☐   **Patient not seen.**   Reason:

☐   **Other:**

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#
undefined/undefi			

Phone: 236-996-9000   Fax: 604-523-2081

Add Measurement Type

Type CVSD

Type Description CVSD

Display Name NP swab date

Measuring Instruction Date

Validation No Validations

Close   Add

Add Measurement Type

Type	CVRP
Type Description	CVRP
Display Name	COVID result
Measuring Instruction	
Validation	No Validations

Close   Add

Add Measurement Type

Type	NPRP
Type Description	NPRP
Display Name	NP result
Measuring Instruction	
Validation	No Validations

Close   Add

Add Measurement Type

Type	CVSE
Type Description	CVSE
Display Name	NP swab sent
Measuring Instruction	
Validation	Yes/No

Close   Add

Add Measurement Type

Measurement type has been added successfully!

Type	CVRD
Type Description	CVRD
Display Name	Covid result date
Measuring Instruction	
Validation	No Validations

Close   Add

Add Measurement Type

Measurement type has been added successfully!

Type CVNO

Type Description CVNO

Display Name Notified

Measuring Instruction

Validation Yes/No

Close   Add

Add Measurement Type

Measurement type has been added successfully!

Type	CVND
Type Description	CVND
Display Name	Notified date
Measuring Instruction	
Validation	No Validations

Close   Add

Add Measurement Type

Type   COPR

Type Description   COPR

Display Name   Swab Priority

Measuring Instruction

Validation   No Validations

Close   Add

Select Measurement Group

Please select a group to edit COVID ⌄

[Close] [Modify Measurement Types] [Modify Measurement Style] [Modify D

Edit Measurement Group

All Types

Please Select types and press Add button to add types into the groupCOVID

```
2 hr PC BG
24 hour urine albumin
24-hr Urine cr clearance & albuminuria
3MS
5 Day Adherence if on ART
50g Glucose Challenge
75g OGTT 1h
75g OGTT 2h
A1AT level
A1AT phenotype
```

[Add]

[Close]

COVID

Select types and press Delete button to delete types from the groupCOVID

```
NP swab sent
NP swab date
COVID result
NP result
COVID result date
Notified
Notified date
```

[Delete]