

COVID Questionnaire

Date: 10/1/2020

Care Management Agency: Venture Forthe, Inc.

Care Manager: Name

Do you have a fever, cough or shortness of breath? Yes or No

Have you, or has someone with whom you have had close physical contact, traveled out of the United States within the last 14 days? Yes or No

(If yes) To Which countries did you/your contact, travel?

Have you, or has someone with whom you have had close physical contact, traveled out of New York State within the last 14 days? Yes or No

(If yes) To Which state(s) did you/your contact, travel?

Within the last 14 days, have you had contact with any person(s) under investigation (PUI) for COVID-19 or with any person(s) known to have COVID-19? Yes or No

Did the member answer yes to any of the above questions? Yes No

If the member screens positive in response to any of these questions, the care manager should coordinate with the member and appropriate health care providers to ensure that the member is referred to the appropriate medical personnel.

(If yes) **Was the member referred to the appropriate medical personnel?** Yes No
Please provide any pertinent information regarding referral to medical personnel.

Assessment Outcome:

Participant has had a positive response to COVID-19 Questionnaire; a Face-to-Face Interaction will not take place at this time.

Participant has had a negative response to COVID-19 Questionnaire; a Face-to-Face Interaction will take place.

(If yes) I _____, Venture Forthe, Inc. Health Home Care Manager acknowledge the need to wear Personal Protective Equipment during a Face-to-Face Interaction with a client, and have did so during this Visit.