

COVID-19 Patient Post-Discharge Follow-up

Patient Information

Name

Date of Birth

Patient ID / MRN

Contact Number

Follow-up Details

Date of Follow-up

Mode of Follow-up

Follow-up by (Name/Role)

Current Symptoms

Describe current symptoms

Temperature (°C)

Oxygen Saturation (%)

Respiratory Rate (per min)

Medications & Adherence

Current medications (list)

Is the patient taking medications as prescribed?

Any medication issues?

Physical and Emotional Health

Mental/Emotional status

Physical activity

Other Notes / Next Steps

Other notes

Plan/Interventions/Referrals