

TRIAGE FORM

Physiotherapist

Date

Patient surname and name

Place and date of birth

Full residential address

Full home address (if different from residence)

Phone number

Email

(A) Do you have the following symptoms today??

Screening for SARS-CoV-2 infection symptoms	YES	NO
Fever > 37.5°C (88%)		
Dry cough (68%)		
Fatigue (38%)		
Sputum production (33%)		
Dyspnea (19%)		
Myalgia or arthralgia (15%)		
Sore throat (14%)		
Headache (14%)		
Sickness (5%)		
Diarrhea (4%)		
Dysgeusia (altered taste)		
Anosmia (alteration of smell)		

Quadro compatibile con infezione da SARS-CoV-2?

YES	Invite the patient to return to their home and contact their doctor. Implement sanitation and disinfection measures for environments and objects with which the patient has come into contact
NO	Evaluate "Situations at risk of SARS-CoV-2 infection" (B)

* The physiotherapist may, with the patient's consent, contact the patient's trusted doctor to ascertain the patient's clinical condition, in order to agree if and when to reschedule the treatment.

(B) In the days since your last visit to the FISAL facility:

Situations at risk of SARS-CoV-2 infection	YES	NO	
have had family members or close contacts (<1m for at least 15 min without protective equipment) with a confirmed case of COVID19 but have not been placed in home isolation?			<i>if one or more YES, taking charge in the presence is possible but evaluate whether to adopt devices with a high level of protection</i>
have you been contacted by the ATS / ASL as you have unknowingly come into contact with people affected by COVID19 (eg air travel, health or social health worker) but have not been placed in home isolation?			<i>if all NO continue with taking charge</i>

(C) Patient Statement

The undersigned, aware that anyone who makes false statements is punished under the criminal code, I declare that I have provided the information requested truthfully and in good faith. I also acknowledge that in this study all the prevention measures are adopted as per current regulations on safety and prevention of contagion such as the measurement of body temperature, the ventilation of the rooms, the organization of spaces to ensure social distancing, the sanitation of the surfaces, the use of disposable towel on the examination table, the supply of hand sanitizing gel, gloves and surgical mask (if the patient does not have one). Despite all of the above, I am aware that all outpatient services received in the facility present an unavoidable risk of contagion.

Place and date

Patient's signature