

COVID-19 Triage Response Sheet

Patient name:		Patient DOB:	
Are you feeling unwell with symptoms such as fever, sore throat, cough, or shortness of breath?			
Yes		No	
Have you been in close contact with anybody suspected of having coronavirus? <i>face-to-face contact for more than 15 minutes or have shared an enclosed space for more than two hours.</i>			
Yes		No	
Has a face mask been applied?		Are you unwell with other symptoms?	
Yes No		Yes No	
Have you travelled recently?		Have you been in contact with anybody suspected of having coronavirus?	
Yes No		Yes No	
If yes, destination:			
If you have cold or flu like symptoms, please list them:			
1.			
2.			
3.			
Has the patient been isolated? Yes No			
Has the GP and nursing staff been notified? Yes No			
If yes, which GP and/or nurse:			
Date completed:		Time:	
Receptionist name:			

Source: www.wqphn.com.au/news-events/coronavirus/practice-information-pack (May 2020)