northern health
the northern way of caring

Case Initial Interview (COVID-19)

Form to correspond with the script

Introduction, results, and demographics

Name:		Alternate name(s):
Mature minor: ☐ Consent to complete interview ☐ Consent for parent/guardian to complete interview		
Who is providing this information?		Relationship to case:
DOB:	PHN:	Phone:
Parent/guardian (if applicable):		Primary care provider:
Email address:		

☐ Case received their results ☐ Confirm case diagnosis
☐ There are other members in household who have tested positive and are waiting for first phone call

Home address (include community):

Planned isolation location:

Are you staying somewhere different than home address?
☐ Family/friends ☐ Hotel ☐ Hospital ☐ Other (specify): _____
Address (include community):

Symptoms

Symptoms of COVID-19: ☐ Yes ☐ No	Date symptoms started:

Sources of exposure

Client informed of exposure to COVID-19? ☐ No ☐ Yes, complete all the questions about exposure currently listed.

Who notified you of exposure?
☐ Person who tested positive: _____ (Name) ☐ Public health ☐ Health center
☐ Facility/organization: _____ (Name) ☐ Other: _____

Date of notification:	Date of exposure: Date of first contact: Date of last contact: OR Ongoing contact: ☐ Yes ☐ No

Where did exposure occur?

☐ Household	☐ First Nations community	☐ Health care facility	☐ Industry work camp
☐ Other congregate housing facility	☐ School	☐ Childcare setting	☐ Workplace
☐ Industrial site	☐ Courthouse	☐ Don't know	☐ Other

Name of location where exposure occurred:	Community:

Address:

Sources of exposure *(continued)*

Client's ideas on where they may have gotten COVID-19?(all relevant details e.g. facility, address, community, dates, times, and/or other details)

Transmission settings

☐ **Health care worker**

Dates/times worked: _____

Role: _____ Name/address of facility: _____

Vaccination 1 date: _____ and Vaccination 2 date: _____

☐ **First Responder**

Dates worked: _____ Name of facility: _____

Address: _____ Community: _____

Role: _____ Dates and times at facility: _____

☐ **Health care facility (hospital/inpatient)**

Dates/times: _____ Ward/Unit/Dept: _____

Role: _____ Name/address of facility: _____

☐ **Clinic/office (outpatient)**

Dates/times: _____

Role: _____ Name/address of facility: _____

☐ **Services in the home (home care/support)**

Dates/times: _____ Name of service: _____

Role of provider: _____ Name of provider: _____

☐ **Congregate housing/residential setting**

☐ Long-term care facility ☐ Residential care facility

☐ Assisted or independent living facility ☐ Seniors residence ☐ Group home

☐ Correctional facility ☐ Residential treatment facility ☐ Transition house ☐ Shelter

☐ Couch surfing ☐ Living on the street

Dates/times: _____

Role: _____ Name/address of facility: _____

☐ **Other Settings**

☐ Childcare setting ☐ School ☐ Post secondary education facility ☐ Courthouse

Dates/times: _____

Role: _____ Name/address of facility: _____

☐ **Industry worksite** ☐ More than one site? Dates: _____

Name(s): _____ Location(s): _____

What do you do? _____

If employed, employer name: _____

If self employed, business name: _____

Case Initial Interview

Transmission settings *(continued)*

☐ **Industry work camp**

Name of camp: _____

Location: _____

Who operates camp: _____ ☐ Attached to single project

COVID-19 coordinators/medical service provider name: _____

Phone number: _____ Date of arrival: _____

Form of Travel: _____ Date of departure: _____

☐ **Other work or volunteer role**

Name/address of facility: _____

Role: _____ Date/times: _____

☐ **Activities with 5 or more people that live outside of household**

Description of event: _____

Description of location: _____

Community: _____ Dates/times: _____

Able to maintain 2 m distance? ☐ Yes ☐ No

☐ **Crowded or busy locations not already discussed**

Description of location: _____

Address/Community: _____

Dates/times: _____ Additional Details: _____

☐ **Travel outside of community**

☐ Internationally (country): _____ ☐ In Canada (province): _____

☐ In BC (community/ies): _____

Date returned home: _____

☐ By plane: Departure date/time: _____ Flight numbers: _____

Departure airport: _____ Seat: _____

Arrival date and time: _____ Arrival airport: _____

☐ By bus or train:

Bus line/railway company: _____

Location of origin/departure: _____ Departure date/time: _____

Location of destination/arrival: _____ Arrival date/time: _____

Available details about route and stops: _____

☐ Cruise/river cruise:

Cruise company/ship: _____

Port of embarkation: _____ Date of embarkation: _____

Port of disembarkation: _____ Date of disembarkation: _____

☐ Part of a travel tour group:

Tour company/organization: _____

Contact information of tour organization: _____

Date of tour: _____ Location of tour: _____

Case Initial Interview

☐ Health status

Moderately immunocompromised: ☐ Yes (20 day isolation period)
Severely immunocompromised: ☐ Yes (32 day isolation period) ☐ No (10 day isolation period) ☐ Not sure
☐ Pregnant Weeks gestation: _____

☐ Isolation supports:

Other people live or stay in household: ☐ Yes ☐ No
Able to self-isolate and remain separate from other members of household until end of isolation date? ☐ Yes ☐ No
Able to stay in household until end of isolation period? ☐ Yes ☐ No

☐ **Substance Use:**
Need support to access substances or prescription medications to prevent withdrawal? ☐ Yes ☐ No
Need access to safe supply or treatment while isolating ☐ Yes ☐ No

☐ **Provide isolation instructions**

First Nations community/Indigenous persons

☐ Live or stay in First Nations community?
Name:
Identify as an Indigenous person? ☐ Yes ☐ No If yes: ☐ First Nations ☐ Métis ☐ Inuit
☐ Registered with a First Nations band (name): _____
☐ Consent to share personal information with FNHA for purpose of additional supports
☐ Consent to share personal information with MNBC for purpose of additional supports

Completed by (name and position): _____ Date: _____