

Form to correspond with the script

Demographics

Name:	Alternate name(s):
Mature minor: <input type="checkbox"/> Consent to complete interview <input type="checkbox"/> Consent for parent/guardian to complete interview	
Who is providing this information?	Relationship to case:
DOB:	Phone:
Parent/guardian (if applicable):	PHN:
Email address:	Primary care provider:
Home address (include community):	
Location they plan to isolate in:	
Are you staying somewhere different than home address? <input type="checkbox"/> Family/friends <input type="checkbox"/> Hotel <input type="checkbox"/> Hospital <input type="checkbox"/> Out of province <input type="checkbox"/> Other (specify): _____	
Address:	
Last date of exposure:	

Vaccinations and risk factors:

Number of doses received: none one two
Date of dose(s): _____ Number of days since last dose: _____
For partially vaccinated Contacts:
Household contact: Yes No Immune compromised: Yes No

Symptoms

Symptoms of COVID-19: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date symptoms started:
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Self-isolation and discharge

Isolation end date: _____
Able to stay in household until end of isolation period? Yes No
Options discussed: _____
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
Additional comments/instructions given: _____

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
Support offered: _____

Isolation instructions provided

Indigenous persons and communities:

Live or stay in First Nations community? Name: _____
Identify as an Indigenous person? Yes No If yes: First Nations Métis Inuit Not asked
 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: _____

