

Patient: [REDACTED]

Caregiver: [REDACTED] Visit Date: [REDACTED]

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DOB: 5/23/1951  
Admission Date: 05/18/2020

**Screen setting:**

- a. In person
- b. Phone
- c. Other
- UK - Unknown

Other Coronavirus (COVID-19) screen setting:

## TRAVEL & CONTACT SCREENING

Have you or a close contact traveled outside of the U.S. within the last 14 days?

- Yes
- No

If YES, specify countries / regions traveled:

Have you had contact with anyone diagnosed with confirmed Coronavirus (COVID-19) in the last 14 days?

- Yes
- No

If YES, was the contact's diagnosis confirmed with laboratory testing? (if known)

- Yes
- No
- Not assessed
- Unknown

Do you or a close contact reside in a community where community-based spread of Coronavirus (COVID-19) is occurring?

- Yes
- No

If YES, please provide name, address, and other community information:

Do you have a close contact that is currently experiencing any of the following symptoms? (select all that apply)

- a - Fever greater than 100 degrees - close contact
- b - Difficulty breathing or shortness of breath - close contact
- c - Cough - close contact
- d - Persistent pain or pressure in the chest - close contact
- e - Not assessed - close contact
- UK - Unknown - close contact
- X - None

Additional Information - TRAVEL & CONTACT screening:

## SYMPTOM SCREENING

Patient: [REDACTED]

Caregiver: [REDACTED] Visit Date: [REDACTED]

**Are you currently experiencing any of the following symptoms? (select all that apply)**

- a - Fever greater than 100 degrees - client / subject
- b - Difficulty breathing or shortness of breath - client / subject
- c - Cough - client / subject
- d - Persistent pain or pressure in the chest - client / subject
- e - Not assessed - client / subject
- UK - Unknown - client / subject
- X - None

**Over the LAST 14 DAYS, have you had any of the following symptoms? (select all that apply)**

- a - Fever greater than 100 degrees - client / subject LAST 14
- b - Difficulty breathing or shortness of breath - client / subject LAST 14
- c - Cough - client / subject LAST 14
- d - Persistent pain or pressure in the chest - client / subject LAST 14
- e - Not assessed - client / subject LAST 14
- UK - Unknown - client / subject LAST 14
- X - None

Additional Information - SYMPTOM screening:

## CORONAVIRUS SCREEN - ADDITIONAL INFORMATION

Additional Information - CORONAVIRUS (COVID-19) screening:  
Pt diagnosed with pneumonia. Negative covid test while hospitalized.

## TEAM COLLABORATION - FOLLOW-UP

*Refer to your organization's policies & procedures for team collaboration and follow-up*

Team collaboration / follow-up documentation:

Coronavirus (COVID-19) Screening Tool adapted from CDC Guidelines - Netsmart Technologies, Inc.

Coronavirus (COVID-19) Screening Tool NTST v1

This form has been electronically signed by:  
[REDACTED]