Registry Reporting

Initial Intake

Demographics:

Date: _____
County of Residence _____
Patient Name: _____
Patient Date of Birth: _____
Age _____
Sex ☐ Male ☐ Female

Race ☐ American Indian ☐ Alaskan Native
☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White

Pregnant ☐ Yes ☐ No
Admission/Encounter (date) _____
Admitted ☐ Yes ☐ No
Hospital/Facility Name _____
Discharge (date) _____
Site/mode of Presentation ☐ Clinic ☐ ER ☐ Video Visit

COVID-19 Testing:

Date of COVID-19 Positive Test _____ ☐ PUI
Testing Lab _____

Medical History/Exposures (Y/N):

Lung Disease
☐ Asthma
☐ COPD
☐ Other Lung Disease_____

CV Disease
☐ Heart Failure
☐ Hyperlipidemia
☐ Hypertension
☐ Coronary Artery Disease
☐ Other Heart Disease_____

Diabetes ☐ PreDiabetes ☐ Type1 ☐ Type2

BMI _____

Smoking Status
☐ Current Smoker
☐ Former Smoker
☐ Vaping

Immunosuppression ☐ Yes ☐ No

Other Chronic disease (specify) _____

Initial Clinical Presentation Data:

Days of Symptoms prior to clinical presentation _____

Symptoms on clinical presentation
☐ Fever ☐ Chills
☐ Shortness of Breath ☐ Sore Throat
☐ Cough ☐ Other_____

SOUTH DAKOTA DEPARTMENT OF HEALTH

Weekly Follow up

Date:

Patient Name:
Patient Date of Birth:

Admission/Encounter (date) _____
Admitted ☐ Yes ☐ No

Hospital/Facililty Name _____
Discharge (date) _____

COVID-19 Testing:

Date of COVID-19 Positive Test _____ ☐ PUI
Testing Lab

Treatments:

Pharmacologic Treatment

Hydroxychloroquine	☐ Yes	☐ No
Antiviral (Remdesivir, Lopinavir/ritonavir, etc)	☐ Yes	☐ No
Immune Modulator	☐ Yes	☐ No
Convalescent Plasma	☐ Yes	☐ No
Therapeutic Anticoagulant	☐ Yes	☐ No
Antibacterial	☐ Yes	☐ No
Steriods	☐ Yes	☐ No

Other Rx Agent (Specify) _____

Therapies

Supplemental Oxygen	☐ Yes	☐ No
High Flow O2	☐ Yes	☐ No
Ventilation	☐ Yes	☐ No

Other non-Rx Agent (Specify) _____

Outcomes:

Disposition _____

Death ☐ Yes ☐ No

Date of Death _____