

# REQUEST FOR PAEDIATRIC VIRTUAL COVID CLINIC ASSESSMENT

Paediatric Virtual COVID Clinic PVCC@lhsc.on.ca  
F: 519-685-8156



Date	
Client Name	
Date of Birth	
Address	
Name of Parent/Guardian	
Contact Phone Number(s)	
Interpreter Required	
Client HCN	
Date Positive	
Symptom Onset Date	
Symptom Details	
Height and Weight	
Variant	
Risk for Severe COVID	
Ethnicity	Caucasian: Non-Caucasian Specify:
Underlying Comorbidity	<u>Neurologic:</u> <u>Genetic:</u> <u>Immunosuppressive:</u> Cancer: Transplant: Lung Disease: Heart Disease:  Other:

## REQUEST FOR PAEDIATRIC VIRTUAL COVID CLINIC ASSESSMENT

Paediatric Virtual COVID Clinic PVCC@lhsc.on.ca  
F: 519-685-8156

COVID Vaccination Status	
Medically Complex	Home Oxygen: G-tube: Other:
Additional Comments	
Contact Investigator	Name:  Phone:  Fax: