

Atmed Urgent Care Johnston  
Fax : 401-273-2339  
Phone: 401-273-9400

Atmed Urgent Care East Greenwich  
Fax: 401-398-8767  
Phone: 401-398-8760

## Atmed Urgent Care

### Monoclonal Antibody Infusion Referral Form

Patient Name: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referring Provider Phone: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Referring Provider Address: \_\_\_\_\_

Provider has reviewed FDA EUA with patient (Bamlanivimab) (Casirivimab/Imdevimab)

Yes  No

#### Covid19 related information:

Date of symptom onset: \_\_\_\_\_ **Vaccinated:**  Yes  No

Date of positive test: \_\_\_\_\_

Is patient on home oxygen:  Yes  No

If yes, what is the patient's baseline oxygen requirement \_\_\_\_\_ L/min

#### Relevant Medical History

Patient's weight: \_\_\_\_\_ Patient's height: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Relevant Past Medical History: \_\_\_\_\_

Please check if patient has a history of any of the following:

- Age greater than or equal to 65
- Body Mass Index (BMI) greater than or equal to 35
- Cardiovascular disease
- Hypertension
- Chronic obstructive pulmonary disease or other chronic lung disease
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease (not including diabetes)
- Use of immunosuppressive agents