



10 Health Lane, Suite 510, Warwick, RI 02886
Fax: 401-453-7597 Phone: 401-736-4256

Remdesivir Infusion Referral Form

Instructions: To make a referral, physician offices should call 401-374-0176 or 401-864-8395 to speak to a Kent Hospital at Home (KHaH) representative. Complete this referral form and fax it to 401-453-7597.

Patient Name:	Referring Provider:
Date of Birth:	Referring Provider Phone:
Patient Phone:	Referring Provider Address:
Patient Address:	
Patient Insurance Carrier and Policy #	

Covid 19 Related Information:

VACCINATED: Yes No

Date of symptom onset: _____

Date of positive test: _____

Is patient on home oxygen: Yes No If yes, what is 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 history of any of the following:

<input type="checkbox"/>	Age greater than or equal to 65	<input type="checkbox"/>	Chronic Kidney disease
<input type="checkbox"/>	BMI greater than or equal to 35	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Cardiovascular Disease	<input type="checkbox"/>	Use of immunosuppressive agents
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Immunosuppressive disease
<input type="checkbox"/>	COPD or other chronic lung condition	<input type="checkbox"/>	

NOTE: Dependent on the patient’s insurance, the patient may need to come to Kent ED first. When this happens, the KHaH team will arrange to meet the patient in the ED to minimize wait time.