

Appendix 1 (as supplied by the authors): Standardized forms for initial and follow-up assessments

Initial Assessment

Date of Video OTN Assessment:

Demographics	
Name	
Age	
Sex	F M Not known
Pregnant	Y N
HCW	Y N Site of Exposure/Date of Exposure: DD/MM/2020

Onset of Symptoms	
Symptom onset date of first symptom	DD/MM/2020
Symptom onset date of first fever (>38.0)	DD/MM/2020
Date of COVID Test Positive	DD/MM/2020
Travel in the 14 days prior to first symptom onset	Y N
If Yes: Country	
City/Geographic Area	
Dates of Travel	DD/MM/2020-DD/MM/2020
Exposure to COVID Positive Case	Y N
Date of Exposure	
Other comments:	

Past Medical History / Comorbidities		
	Y/N	Notes
Cardiac disease		
Chronic lung Disease		
Asthma		
Smoker		
Chronic kidney disease		
Moderate or severe liver disease		
Chronic neurological issues		
Malignancy		
Chronic hematologic disease		
HIV		
Diabetes		
Hypertension		
Rheumatic disorder		

Malnutrition		
Obesity		
Other comments:		

Medications:	
Antivirals	
Other antimicrobials	
Other medications	

Allergies:	Y N Notes:
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Social History		
	Y/N	Notes
Other residents in household		
ADLs intact at baseline?		
IADLs intact at baseline?		

Current Symptoms		
	Y/N	Notes
Fever		
Sore Throat		
Runny Nose		
Cough		
Are you short of breath?		
Are you breathing harder or faster when doing nothing at all?		
Are you breathing faster than normal?		
Does anything make you breathless today that didn't make you breathless yesterday?		
Chills/Rigors		
Conjunctivitis		
Ear Pain		

Anosmia		
Dysgeusia		
Sputum		
Hemoptysis		
Wheezing		
Chest Pain		
Myalgia		
Arthralgia		
Abdominal Pain		
Nausea/Vomiting		
Diarrhea		
Adenopathy		
Rash		
Fatigue/Malaise		
Headache		
Confusion		
Depression/Anxiety		
Insomnia		
Anorexia		
Other comments:		

Physical Exam		
	Y/N	Notes
Temperature		
Increased work of breathing		
Cyanosis		
Indrawing		
Walk Test		
O2 sat reading at rest		
Other comments		

Investigations	
Bloodwork	
Chest x-ray	
Microbiology	
Other comments	

Impression and Plan:

Clinical Status: Stable VS Improving VS Deteriorating

Disposition Plan: Maintain at home VS transfer to hospital

Other recommendations:

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Name of Physician:

Toronto Public Health Contact and Number:

Follow-up Assessment

Date of Video OTN Assessment:

Demographics			
Name			
Age			
Sex	F	M	Not known
Pregnant	Y	N	
HCW	Y	N	Site of Exposure:

Number of days since symptom onset:	
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Treatments:	
Antivirals	
Other antimicrobials	
Other medications	

Current Symptoms		
	Y/N	Notes
Fever		
Sore Throat		
Runny Nose		
Cough		
Are you short of breath?		
Are you breathing harder or faster when doing nothing at all?		
Are you breathing faster than usual?		
Does anything make you breathless today that didn't make you breathless yesterday?		
Chills/Rigors		
Conjunctivitis		
Ear Pain		
Anosmia		
Dysgusia		
Sputum		
Hemoptysis		

Wheezing		
Chest Pain		
Myalgia		
Arthralgia		
Abdominal Pain		
Nausea/Vomiting		
Diarrhea		
Adenopathy		
Rash		
Fatigue/Malaise		
Headache		
Confusion		
Depression/Anxiety		
Insomnia		
Anorexia		
Other comments:		

Physical Exam		
	Y/N	Notes
Temperature		
Increased work of breathing		
Cyanosis		
Indrawing		
Walk Test		
O2 sat at rest		
Other comments		

Investigations	
Bloodwork	
Chest x-ray	
Microbiology	
Other comments	

Impression and Plan:

Clinical Status: Stable VS Improving VS Deteriorating

Disposition Plan: Maintain at home VS transfer to hospital

Other recommendations:

Name of Physician:

Toronto Public Health Contact and Number: