

**Patient Data Form**

**Name, Surname:**

**Contact Info:**

**Age:**

**Co-morbidities:**

**Medications:**

**Chronic Otorhinolaryngologic Diseases or Previous Surgeries:**

**Medications for Otorhinolaryngologic Diseases:**

**Hospital Admission Date:**

**Clinical Group:**

**PCR Test Results:**

Date	Result

**Imaging Findings:**

Date	Imaging Type (CT vs CXR)	Findings

**Treatment:**

Medication	Treatment Initiation Date	Ending Date	Notes
Hydroxychloroquine			
Oseltamivir			
Lopinavir-Ritonavir			
Favipiravir			
Azithromycine			
Other			

	<b>Severity Score (0-10)</b>	<b>Start Date</b>	<b>End Date</b>	<b>Notes</b>
<b>General Symptoms</b>				
Fever				
Cough				
Fatigue				
Dyspnea				
Myalgia/Arthralgia				
Headache				
<b>Otorhinolaryngologic Symptoms</b>				
Frontal Type Headache				
Nasal Congestion				
Rhinorrhea				
Sore Throat				
Dry Throat				
Loss of Smell				
Loss of Taste				
Earache				
Dizziness				
Hearing Loss				
Facial Paralysis				