



Distance Daily Assessment of Covid +ve Patients During the Illness FORM B

Please could you complete the following questions on a daily basis. Please then email the form to either Dr Laurence at laurence@thevinesfamilypractice.co.za or Dr Dave at dave@thevinesfamilypractice.co.za .

Name: _____

Date: _____ No days since +ve Covid test? _____

Temp. _____ °C Heart rate _____ bpm

Overall feeling of well-being today as compared to yesterday?

Same Worse Better

Your SATS (percentage oxygen concentration) today? _____ %

Your shortness of breath today?

Mild Moderate Severe

Sore throat? Runny nose? Phlegm colour? _____

Loss of smell? Loss of taste? Excessive tired?

Above all, please:

- Don't forget to isolate at home – you may even need to stay on or in your bed.
- If anyone is around, wear your mask.
- Be obsessive about washing or sterilizing your hands.

Kind regards

Laurence Cohen

Dave Horsfall