

Bridge to Visit Screen for Patients Ineligible for EHHOP

1. Does the patient take any daily medications? If yes, please list below:

2. Does the patient have any chronic medical problems? If yes, please list below:

2b. When was the last treatment of the above conditions? _____

3. Has the patient experienced any of the following symptoms in the last 2 weeks?

<ul style="list-style-type: none"><input type="checkbox"/> Chest Pain<input type="checkbox"/> Shortness of Breath<input type="checkbox"/> Leg Swelling<input type="checkbox"/> Severe Abdominal Pain<input type="checkbox"/> Daily cough or coughing blood<input type="checkbox"/> Severe headache<input type="checkbox"/> Syncope (fainting)	<ul style="list-style-type: none"><input type="checkbox"/> Fevers or chills<input type="checkbox"/> Weakness or numbness<input type="checkbox"/> Vision loss<input type="checkbox"/> Painful urination or blood in the urine<input type="checkbox"/> Rectal bleeding<input type="checkbox"/> Severe depression or suicidal ideation<input type="checkbox"/> Other: _____
---	--

3. Has the patient been to the ED in the past month? If yes, please explain below:

If positive answer for any of the above questions, please provide form to the Teaching Senior to determine need for urgent visit or bridge to care visit.

If negative answers for ALL of the above questions, patient should be referred to REAP and IFH to apply for PHI and establish primary care (SW or ACT can help with this).