



Clinical Assessment Centre Referral

Telephone #: **905-472-7373 ext 6526**

Email referral to: **covidclinic@msh.on.ca**

Patient Name: _____
Last First

Date of Birth: _____ Sex: F M
Day Month Year

Health Card # _____ Version Code: _____

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Family Physician: _____

Date/Time	Referring MD	Signature
CPSO#	Direct Contact #	Fax

I affirm that my patient meets criteria for use (see page 2)

Request for: Consideration of Nirmatrelvir/Ritonavir (Paxlovid) or Remdesivir Treatment

NOTE: For patients with confirmed COVID-19 infection with mild symptoms. These products are available for use under an interim authorization by Health Canada to prevent the progression of mild to moderate COVID-19 in patients weighing at least 40 kg, who are at high risk for progression to severe COVID-19, including hospitalization or death. Remdesivir is indicated for patients 12 years and older, Paxlovid is indicated for patients 18 years and older.

Brief medical history and relevant clinical concerns (provide information below or as an attached document):

Patient height (cm): _____ Patient weight (kg): _____
 Recent serum creatinine and AST/ALT if available (within previous 3 months): _____

information provided in attached document

Patient's current medication list (provide information below or as an attached document):

(include prescription, over-the-counter, vitamins/minerals/herbal products)

information provided in attached document

Criteria for Use all fields must be completed to be eligible for treatment

- Be symptomatic. Specify symptoms: _____
- Date of symptom onset: _____
 (treatment must be started within 5 days of symptom onset for Paxlovid or 7 days of symptom onset for Remdesivir)
- Date of positive COVID-19 test (PCR or healthcare provider-administered RAT): _____
- Be willing to travel to the clinic for assessment, if required

AND at least one criteria under category #1, #2 or #3 (see next page):





Clinical Assessment Centre Referral (continued)

Criteria for Use (continued)

Category #1: Immune suppressed (regardless of vaccine status):

- Active treatment for solid tumor and hematologic malignancies (Specify: _____)
- Receipt of solid-organ transplant and taking immunosuppressive therapy (Specify: _____)
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) (Specify: _____)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks)
- Active treatment with alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers or other biologic agents that are immunosuppressive or immunomodulatory (Specify: _____)

Category #2: Pregnant and unvaccinated

Category #3: Eligibility based on risk factors and vaccine status as indicated below:

a) Risk Factors - check all that apply

- Obesity (BMI 30 kg/m² or greater)
- Cerebral Palsy
- Kidney Disease (eGRF less than 60 mL/min)
- Diabetes
- Intellectual Disability
- Liver Disease (CP Class B/C)
- Heart Disease (CAD/HTN/CHF)
- Sickle Cell Disease
- Chronic Respiratory Disease
- Indigenous (First Nations, Inuit, or Métis)
- Members of Racialized Communities (e.g. Arab, Middle Eastern, Black, Latin American, Indo-Caribbean, South Asian, Southeast Asian, or West Asian)

b) Eligibility based on Vaccine Status and Risk Factors

Age (years)	Number of Vaccine Doses		
	0 doses	1 or 2 doses	3 doses
<input type="checkbox"/> Less than 20	<input type="checkbox"/> Eligible if 3 or more risk factors	Not eligible	Not eligible
<input type="checkbox"/> 20 - 39	<input type="checkbox"/> Eligible if 3 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	Not eligible
<input type="checkbox"/> 40 - 69	<input type="checkbox"/> Eligible if 1 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	Not eligible
<input type="checkbox"/> 70 or greater	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible if 1 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors

Please be advised that the referral will be triaged; the referring physician will be notified upon receipt. Patients will be called and booked either a virtual or in-person consultation with the Clinical Assessment Centre physician.

Patient will be instructed to follow up with their family practitioner following drug administration.