



To Whom It May Concern,

Thank you for referring your patient to the St. Luke's Clinic -COVID Recovery. Please complete the questionnaire below and fax it back with referral and chart notes to our office at 208-381-4101. Please reach out if you have any questions by calling 208-381-4088.

Sincerely,

St. Luke's Clinic -COVID Recovery

When was your patient diagnosed with COVID-19? Date of diagnosis: \_\_\_\_\_

**Note:** We see patients that have symptoms thought to be related to a COVID-19 infection that have been present for at least 12 weeks. If the patient has symptoms lasting less than 12 weeks, please wait to submit the referral as many symptoms will improve by 12 weeks. The exception to this 12-week requirement is if the patient was hospitalized for COVID-19; we will gladly see them after hospitalization.

**Note:** We do not see patients who are suspected of having a reaction to the COVID-19 vaccine, or patients under the age of 18 years old.

Please mark the most concerning symptoms from the following list your patient has been experiencing since having COVID-19:

- |                                |                            |
|--------------------------------|----------------------------|
| • Loss of taste or smell _____ | • Fatigue _____            |
| • Voice Changes _____          | • Fevers _____             |
| • Hoarseness _____             | • Nasal congestion _____   |
| • Postnasal drip _____         | • Chest pain _____         |
| • Palpitations _____           | • Heart racing _____       |
| • Dizziness _____              | • Syncope _____            |
| • Presyncope _____             | • Leg swelling _____       |
| • Shortness of breath _____    | • Cough _____              |
| • Abdominal pain _____         | • Nausea _____             |
| • Vomiting _____               | • Diarrhea _____           |
| • Constipation _____           | • GERD _____               |
| • Overactive bladder _____     | • Incontinence _____       |
| • Muscle pain _____            | • Joint pain _____         |
| • Joint swelling _____         | • Rash _____               |
| • Headache/migraine _____      | • Brain fog _____          |
| • Cognitive impairment _____   | • Numbness, tingling _____ |
| • Weakness _____               | • Imbalance _____          |
| • Anxiety _____                | • Depression _____         |
| • Trouble sleeping _____       | • Tachycardia _____        |
| • Postural Hypotension _____   |                            |