

Date:



Clinician Consultation Survey

Clinic:

Role:

Patient ID:

Patient age:

1. Please mark which of the following symptoms the patient described to you.

- ☐ Abdominal pain/Constipation
- ☐ Body aches and pains
- ☐ Cough
- ☐ Diarrhea
- ☐ Fatigued
- ☐ Fever
- ☐ Headache
- ☐ Nausea or Vomiting
- ☐ Recent faint or severe weakness
- ☐ Trouble breathing
- ☐ Shaking Chills
- ☐ Visual Changes
- ☐ Penile or Vaginal Discharge
- ☐ Abnormal Vaginal Bleeding
- ☐ Itchy Skin
- ☐ Painful Urination
- ☐ Other, please describe:

2. What is your diagnosis of this patient?

3. Did the patient need to come into the clinic today?

- ☐ Yes (you do not need to complete question 4)
- ☐ No (please complete question 4)

4. Which of the following would you recommend to the patient if they had not come into the clinic?

- ☐ Patient to come into clinic after 24 hours if no improvement of symptoms
- ☐ Patient to come into clinic within 3 days if no improvement of symptoms
- ☐ Patient does not need to come into the clinic