



## Case Presentation

COVID-19  
Kurt DeVine, MD and Heather Bell, MD

---

Date: \_\_\_\_\_ Submitted by (Your Name): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date Symptoms Began: \_\_\_\_\_

COVID-19 Swab Date (if done): \_\_\_\_\_ Results of Swab and Date Resulted: \_\_\_\_\_

Presenting Symptoms: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pertinent Comorbidities?  Yes  No

HTN: \_\_\_\_\_ Stroke: \_\_\_\_\_ MI: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Other Chronic Health Conditions: \_\_\_\_\_

Nicotine use: \_\_\_\_\_

Alcohol use: \_\_\_\_\_

Recreational drug use: \_\_\_\_\_

Medications (home): \_\_\_\_\_

### **Imaging**

CXR/Date: \_\_\_\_\_

CXR/Date: \_\_\_\_\_

CXR/Date: \_\_\_\_\_

CT/Date: \_\_\_\_\_

# MINNESOTA COVID-19



LABS	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result
Wbc														
PMN														
Lymph														
Hgb														
Platel														
Albumin														
LDH														
Ferritin														
CRP														
SED														
Procalcitonin														

Other Labs:

Ventilator/Settings: \_\_\_\_\_

Hemodialysis: \_\_\_\_\_

Other Findings:

Case Evolution:



Any healthcare encounters prior to hospitalization?

Questions: