



Provider Referral for Post Acute COVID-19 Care Clinic

MAHEC Internal Medicine | 123 Hendersonville Road, Asheville, NC 28803 | P 828-771-5489 | F 828-412-4171

Referring Provider Name: _____ Date: _____

Referring Provider Practice: _____ Phone: _____

Practice Address: _____ Fax: _____

City: _____ State: _____ ZIP: _____

Patient Name: _____ Date of Birth: _____

Does the patient have insurance? Yes No Phone: _____

If yes, please provide the patient's insurance information below.

Carrier: _____ Group: _____ Subscriber ID: _____

When was the patient diagnosed with COVID-19? _____

Was the patient ever hospitalized? Yes No

Has the patient received the COVID-19 vaccine? Yes No

Please select all symptoms that currently apply to your patient below.

- Dyspnea with exertion
 - Dyspnea without exertion
 - Chest pain
 - Fatigue
 - Muscle weakness
 - Persistent cough
 - Autonomic instability
 - Cognitive disabilities
 - Depression
 - Anxiety
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Please provide this referral form and a current H&P—including all current medications, labs, and diagnostics since the patient's COVID-19 diagnosis.