Carondelet Health Network

FAX: 520-493-0470
Phone Number: 520-872-1801

Referral Form

Carondelet St. Raphael's Monoclonal Antibody EVUSHELD

Patient Name:
Patient Phone Number:
Referring Physician:
Referring Physician Phone Number:

Section 1: Emergency Use Authorization (EUA)* Indication

☐ Pre-exposure prophylaxis of COVID-19

*** Referring Provider to discuss and provide EUA fact sheet to patient/caregiver and to verify that the patient agrees to receive medication**

Section 2: Treatment

Inclusion Criteria (all MUST be checked to proceed)

☐ Negative for SARS-CoV2 infection
☐ Have not been recently exposed to an individual with SARS-CoV2 infection
☐ 12 years of age and older, weighing at least 40 kg
☐ **At least one of the following:**
  ☐ High risk for progressing to severe COVID-19 and/or hospitalization (select at least one risk factor)
    - Older age (65 year or older)
    - Obesity (BMI>25)
    - Pregnancy
    - Chronic Kidney Disease
    - Diabetes
    - Immunosuppressive disease or treatment
    - Cardiovascular disease or hypertension
    - Chronic lung diseases (e.g. COPD, asthma, interstitial lung disease, CF, pulmonary hypertension)
    - Sickle cell disease
    - Neurodevelopmental disorders or other conditions that confer medical complexity
    - Medical related technological dependence
    - Other: _____

  OR

  ☐ Can't be fully vaccinated with any available COVID -19 vaccines due to a documented history of severe adverse reaction to a COVID -19 vaccine or any of its components

The clinic will contact your patient to schedule as soon as possible; it is not necessary for the patient to call.
The clinic does NOT accept walk-ins.