**FRAGEBOGEN ZUR SELBSTBEOBACHTUNG VON PATIENTEN BEI VERDACHT AUF COVID-19**

PatientIn:....................................................................................................................................... SVNR:.................................................................................................. Adresse:.....................................................................................................................................................................Tel:.............................................................................

Angehöriger:........................................................................................... Tel:..........................................................

Alter:............................... Vorerkrankungen:........................................................................................................................................................................................

Allergie:......................... Medikamente:.................................................................................................................................................................................................

Erkrankungsbeginn:............................................. Spitalsaufenthalt von:....................................bis:.....................................in ..............................................

Quarantänebeginn:...................................................Quarantäneende:............................................................................................................................................

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| Tag | Datum | Temperatur  2x täglich  morgens abends | | Blutdruck  1x tgl | Puls  1xtgl | Allgemein-befinden  1 - 10 | Andere Symptome  (Husten, Schnupfen, Hals-, Kopfschmerzen, Durchfall, Geruchs- und Geschmacksverlust, Atemnot, Gliederschmeren, Brustenge) | Therapie |
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Tag = Erkrankungstag/ Allgemeinbefinden: 1 sehr gut, 10 sehr schlecht.