

COVID-19 Pre-Appointment Patient Screening

Responses will be kept confidential and will be reviewed by a practice clinician who will provide guidance regarding any adjustment to your scheduled appointment.

If you answer “yes” to any of the questions, your appointment will be rescheduled.

1. Have you or anyone in your household had any of the following symptoms in the last 21 days
 - Fever or chills (fever greater than 100 degrees Fahrenheit)
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Recent loss of taste or smell
 - Sore throat
 - Congestion
 - Nausea or vomiting
 - Diarrhea
2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-19-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).
3. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long term care, or other health care facility in the past 30 days?
4. Have you or anyone in your household traveled in the U.S in the last 21 days?
5. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
6. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
7. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?
8. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?