

Patient Screening Form / Appointment instructions

1) When you arrive for your appointment park in the parking lot and then call the office for additional instructions.

2) We will ask you some health-related questions:

3) If you have a co-pay for today's appointment (that we haven't already collected) we will collect it VIA phone prior to entering the building.

4) You will be greeted at the front door; your temperature will be taken and we will provide you a mask and hand sanitizer.

	Yes or No
Do you or anyone in your house hold have a fever or have you / they felt hot or feverish recently? (14-21 days?)	
Are you or they have shortness of breath or other difficulties breathing?	
Do you / they have a cough?	
Does the patient or the person brining the patient to the appt. had any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	
Have you / they experienced recent loss of taste or smell?	
Are you / they in contact with any confirmed COVID-19 positive patients?	
Do you / they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	
Have you/they traveled in the past 14 days to any regions affected by COVID-19?	