**Screening Questionnaire- All Patients/Visitors Must Be Screened**

**Temperature\_\_\_\_\_\_\_\_**

1. Have you had **\*known** contact with anyone infected with the Coronavirus **Yes\_\_\_\_No\_\_\_\_\_\_**

in the past 14 days? \***Known is defined as <6 feet or >15 minutes**

1. Have you experienced new onset of any of the following in the past 14 days:

* Fever/Chills (Fever = 100 degrees or higher) **Yes\_\_\_\_No\_\_\_\_\_\_**
* Recent onset of cough? **Yes\_\_\_\_No\_\_\_\_\_\_**
* Shortness of breath or difficulty breathing? **Yes\_\_\_\_No\_\_\_\_\_\_**
* New loss of taste or smell? **Yes\_\_\_\_No\_\_\_\_\_\_**

1. Have you experienced new onset of any of the following in the last 14 days **Yes\_\_\_\_No\_\_\_\_\_\_**

**(circle any that apply**):

fatigue / muscle or body aches / sore throat / congestion or runny nose unrelated to seasonal allergies / nausea / vomiting / diarrhea

1. Have you been tested for COVID-19? **Yes\_\_\_\_No\_\_\_\_\_\_**

If “yes” was the test due to contact with infected person or due to symptoms

of illness? Yes\_\_\_\_No\_\_\_\_\_\_

If Yes: Date\_\_\_\_\_\_\_ Result\_\_\_\_\_\_\_ If No: Results not required

Contact # for “Virtual Waiting Room”

Physician/Provider You Are Seeing Today

Patient/Visitor signature Date

Patient/Visitor printed name DOB

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

***If "YES" to any of the above questions:***

**IF COVID TEST NEGATIVE, PROCEED WITH APPOINTMENT; IF POSITIVE OR PENDING, DETERMINE URGENCY.**

**Check one:** **Emergent\* \_\_\_\_\_\_ or Non-Emergent visit\* \_\_\_\_\_\_\_**

**\*Emergent Classifications:**

* Have you had fracture Care up to 6 weeks Yes\_\_\_\_\_ No\_\_\_\_\_
* Have you had surgery within the past 6 weeks Yes\_\_\_\_\_ No\_\_\_\_\_
* Are you experiencing a Clinical complication Yes\_\_\_\_\_ No\_\_\_\_\_

\*\*If deemed "Emergent" patient is to be seen in clinic promptly in one of our designated clinic rooms.

**\*Non-Emergent Classification:** Notify PCP and CALL BACK TO SCHEDULE AT LATER DATE – 14 days if positive or after negative f/u test results obtained.

Interviewer signature Date rev

Reviewed by (front desk): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewed by (clinic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 070729