



Screening Questionnaire- All Patients/Visitors Must Be Screened

Temperature _____

1. Have you had ***known** contact with anyone infected with the Coronavirus in the past 14 days? ***Known is defined as <6 feet or >10 minutes** Yes ___ No ___

2. 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 ___

3. 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 / nausea / vomiting / diarrhea

4. 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 of most recent test: _____ Result of most recent test: _____
 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.

***NOTE: If it has been 10 days since positive test, no fever in 24 hours and decreasing symptoms, ok to be seen.**



Interviewer signature _____ Date _____ rev

Reviewed by (front desk): _____ Reviewed by (clinic): _____ Rev 11/25/2020