

Screening Questionnaire

1. Have you been in contact with anyone infected with the Coronavirus or has anyone recently traveled from an area affected since January 1, 2020?

Yes ____ No ____

2. Do you have any of the following symptoms:

- Fever? Yes ____ No ____
- Cough? Yes ____ No ____
- Shortness of breath or difficulty breathing? Yes ____ No ____
- Any other flu-like symptoms? Yes ____ No ____

If "YES" to any of these questions, please contact your primary care physician.

3. Emergent* _____ or Non-Emergent visit? _____

*Emergent Classifications:

- Have you had fracture Care up to 6 weeks?
- Have you had surgery within the past 6 weeks?
- Are you experiencing a Clinical complication?

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

Non-Emergent Classification: Please contact our office.

All patients AND whomever is accompanying the patient will be screened.

Patient signature _____ Date: _____

Interviewer signature: _____ Date: _____

