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: _________________