PINNACLE
Family Health Care

Provider: Sasipha "Kate" Pahamark (Family Nurse Practitioner)

2781 Washington Drive, Suite 101, Norman, OK 73069

TEL: (405) 857-8880 FAX: (405) 279-0285

E-MAIL: clocke@pinnaclefhc.com

Patient Pre-Screening COVID-19 Questionnaire

Due to the ongoing COVID-19 pandemic, all patients and caregivers are required to complete this form prior to being seen at PINNACLE Family Health Care. Effective immediately: Only one parent/guardian may accompany pediatric patients; no one else (including siblings) may accompany the parent/guardian and the patient to their visit.

The health and safety of our patients, families and staff members is our top priority. These preventative measures have been put in place to reduce the spread of COVID-19. We appreciate your cooperation and understanding.

Has the patient, caregiver, or anyone in your household travelled outside of Oklahoma in the past 14 days? IF YES, WHERE? _____	☐ YES	☐ NO
In the past 14 days, has the patient, caregiver, or anyone in your household had contact with any person suspected to have contracted COVID-19? Including being *tested* for COVID-19 & being in *self-isolation* for COVID-19.	☐ YES	☐ NO
In the past 14 days, has the patient, caregiver or anyone in your household had contact with any person confirmed to have contracted coronavirus (COVID-19)?	☐ YES	☐ NO
Has the patient or caregiver currently been exposed to someone with flu-like symptoms (Ex: cough, shortness of breath, or fever)?	☐ YES	☐ NO

IN THE PAST 14 DAYS, HAS THE CAREGIVER /OR THE PATIENT EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS:

Fever or chills	☐ YES	☐ NO
Cough	☐ YES	☐ NO
Shortness of breath or difficulty breathing	☐ YES	☐ NO
Fatigue or increased/excessive sleepiness	☐ YES	☐ NO
Muscle or body aches	☐ YES	☐ NO
Headache	☐ YES	☐ NO
New loss of taste or smell	☐ YES	☐ NO
Sore throat	☐ YES	☐ NO
Congestion or runny nose	☐ YES	☐ NO
Nausea or vomiting	☐ YES	☐ NO
Diarrhea	☐ YES	☐ NO

Patient Name: _____

(Please print clearly)

Patient Signature: _____ Relationship: _____ Date: _____

(Parent or Legal Guardian, if minor)