

Each patient is asked these questions the day of or the day before their visit (either verbally or in writing). The answers are to be documented in writing and added to the patient's file. If the patient answers yes to any of the following questions, further questioning is necessary to determine if we can safely see the person for their scheduled in person visit. If a patient is declined for an in-person visit, we offer them a telehealth appointment.

Screening before each visit:

Patient's Name: _____ Date: _____

Have experienced any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Have you travelled on a plane in the past 14 days?

Have you been in close proximity to anyone who is sick in the past 14 days?

Have you been in close proximity or in the same home with anyone that you know of has been infected with SARS-CoV-2 in the past 14 days?

Have you been in close proximity (closer than 6 feet) with a person or people at a social gathering or in public of whom you are not sure of their health status (es) in the past 14 days?

Have you acted in any risky behaviors that would put you at risk of being infected with SARS-CoV-2? If so, please elaborate.