

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Patient Temperature: _____ Left Ear Right Ear

Directly upon patient arriving at the clinic, if the patient does not have a cloth mask or face covering, we will provide one for the patient to wear throughout their appointment. We will then take the temperature of the patient and ask the following questions:

Arrival Screening Questions			
1.	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/COVID-19	<input type="radio"/> YES	<input type="radio"/> NO
2.	Have you traveled internationally in the last month?	<input type="radio"/> YES	<input type="radio"/> NO
3.	Do you have the following symptoms?		
	<input type="radio"/> History of Fever (temp>100F)	<input type="radio"/> New or worsening cough	<input type="radio"/> Shortness of breath/difficulty breathing
	<input type="radio"/> Myalgia (body/muscle aches)	<input type="radio"/> Malaise (general feeling of unwell)	<input type="radio"/> Sore throat
	<input type="radio"/> Chills	<input type="radio"/> Decreased sense of smell and/or taste	<input type="radio"/> Abdominal Pain
	<input type="radio"/> Bruising or Bleeding	<input type="radio"/> Weakness	<input type="radio"/> Rash
	<input type="radio"/> Muscle Pain	<input type="radio"/> Joint Pain	<input type="radio"/> Diarrhea
	<input type="radio"/> Vomiting	<input type="radio"/> Red Eye	<input type="radio"/> Severe Headache
<p>If the patient stated "Yes" to any of the Non-Bolded symptoms as a baseline symptom, document an explanation for the symptoms (asthma, CF, etc.) and check-in patient for standard protocol.</p>			

If the patient states "No" to all of the above questions, check-in patient per standard protocol.

If the patient states "Yes" to any of the above questions that are in BOLD or that are not baseline symptoms, IMMEDIATELY advise the patient that they will not be able to be seen in the office at this time and the staff will contact the patient to set up a tele-medicine visit with the provider.

Phone Number to Contact Patient: _____

Office Use Only:

Printed/Signature of Intake Person: _____ Date: _____