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[Practice Logo]

IN-PERSON PRE-SCREENING QUESTIONNAIRE

Introduction: [Name of Practice] is committed to the safety of our patients and staff. Considering COVID-19, the [Name of Practice] is asking you to answer the below questions. All patients will be asked the same questions before their scheduled appointment. As you can see, the questions are the same as the telephonic pre-screening the [Name of Answer] conducted with you, and we are trying to determine if any of your answers have changed from the time of your telephonic pre-screening and today. These questions are intended to help promote your safety, as well as the safety of our staff and other patients. As a result, it is important that you answer these questions truthfully and accurately. As appropriate, the information you provide will be reviewed by one of our practice's medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Y/N	Explanation
How old are you?		
Do you have any underlying medical conditions? If so, what? Do you have cardiac disease? Lung disease? Diabetes?		
Have you or a member of your household had any of the following symptoms in the past 30 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.)		
Do you or does a member of your household currently have any of the following symptoms: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit?		
Have you or a member of your household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)		
Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the testing occurred, when any symptoms started and stopped and the current health status of the person who was advised.)		
Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the person quarantined, when any symptoms started and stopped and the current health status of the person who was advised.)		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)		
Have you or a member of your household traveled outside the U.S. in the past 30 days? (If yes, obtain the city, country and dates.)		
Have you or a member of your household traveled elsewhere in the U.S. in the past 30 days? (If yes, obtain the city, state and dates.)		
Have you or a member of your household traveled on a cruise ship in the past 30 days? (If yes, determine the name of the ship, ports of call and dates.)		
Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter.)		

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Question	Y/N	Explanation
Have you or a member of your household card for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19 (If yes, obtain the status of the person cared for, when the care occurred, what the care was.)		
Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)		
To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)		

Temperature _____

I certify that I understand the above questions, and that my answers to the above questions are true and accurate.

_____
Signature

_____
(Spell out name)

Date: