



Patient Screening Questionnaire

If you answer "yes" to any of the following questions, please contact our office prior to your appointment:

- Have you had a fever or felt feverish in the last 14 days?
- Are you experiencing shortness of breath or having difficulty breathing?
- Do you have a cough?
- Are you experiencing any flu-like symptoms (GI, headache, fatigue)?
- Have you experienced any recent loss of taste/smell?
- Have you been in contact with any COVID19 positive individuals?
- Have you traveled to any COVID19 affected areas in the last 14 days?
- Do you have any pre-existing conditions that could increase your COVID19 risk?

Also, please note some additional protocols that have been implemented to ensure everyone's safety:

- Please wear a mask or face covering.
- Temperature screenings prior to entering clinical areas.
- Please come to your appointment alone (unless guardian or helper is needed).
- Seating in reception is limited to encourage social distancing.
- Optional check-in via cell phone from your vehicle.
- Complete forms online prior to appointment whenever possible.