

COVID-19 Pre-Appointment Screening

I help care for vulnerable family members and treat a number of patients who have health conditions that put them at risk for more severe symptoms and complications of COVID-19 infection. In order to safely return to the office while protecting my patients and those I care for, I ask that you thoughtfully complete this pre-appointment COVID-19 screening. If you have any symptoms or any potential exposure, please schedule this week's appointment for Telehealth rather than in-person. We can resume in-person sessions when it is safe and appropriate to do so. Thank you. Dr. N.

If you have been exposed to COVID-19, please follow the current CDC guidance here regarding isolating and masking following exposure:

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

In-person appointments must be scheduled in advance and confirmed the morning of your appointment. Currently, in-person appointments are being staggered to limit potential exposure, so your regular appointment time may not be available for an in-person session each week.

If you come to your appointment in-person, I recommend arriving as close to your appointment time as you can so that you'll be in the waiting room for as short a time as possible. You may also want to consider wearing a mask while you're in the waiting room.

Please complete the following **the day of** your appointment.

Symptom Check

Have you or anyone in your household experienced any of the following symptoms in the last 5 days?

Runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever over 100°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body aches / Muscle pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have a sore throat or fever, please shift to a Telehealth session for today. If you have any combination of 2 symptoms, please shift to a Telehealth session for today.

Household Questions

Have you or anyone in your household been tested for COVID-19 in the past 5 days?

Yes, and I am awaiting test results Yes, and I have received the results No

Have you or anyone in your household cared for an individual who is in quarantine or has tested positive for COVID-19 in the last 7 days?

Yes No

Have you been in close proximity to any individual who tested positive for COVID-19 in the last 7 days?

Yes No

Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19 in the past 7 days?

Yes No

In-person Precautions

Following my clinician's stated safety precautions (check one):

I have recovered from COVID-19 within the past 6 months and may remove my mask during the in-person session if I am comfortable doing so.

I have received a COVID-19 booster within the past 6 months and may remove my mask during the in-person session if I am comfortable doing so.

I will remain masked during my in-person session.

I agree that I have answered all the questions above to the best of my knowledge.

My Name: _____ Today's date: _____