



Outpatient Screening Form

Due to worldwide healthcare concerns over the Novel Corona virus (COVID-19) and in an effort to protect patients, staff, and visitors, we will be following CDC guidelines.

All patients will be asked to complete a screening form for symptoms of potential exposure to Novel Corona virus (COVID-19) prior to their appointment

Screening Questions	Response	
<p>1) Does the patient have a new onset of any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever (objective or subjective) • Myalgias • Respiratory symptoms (dyspnea or cough) • URI symptoms (headache, rhinorrhea, sore throat) • GI symptoms (diarrhea, nausea, vomiting) • ENT symptoms (loss of taste or smell) • Eye symptoms (conjunctivitis) 	YES	NO
<p>2.A) – Has the patient been tested for COVID-19 in the past 14 days and is pending results?</p> <p>Date: _____</p>	YES	NO
<p>2.B) – Has the patient had close contact with a suspected or confirmed COVID-19 patient? <i>(For employees and medical staff: Close contact refers to a non-work related environment.)</i></p>	YES	NO

Based on the responses from the screening form, the patient may be asked to reschedule their visit.

Patient Name: _____

Appointment Date: _____

Date of Screening: _____

Staff Name: _____

**Not part of the permanent
medical record**