

## COVID-19 Prescreen Questionnaire

**You will notice a few differences when you visit, but the care you receive will not be one of them. Here are a few things you will see:**

- We will use no-touch mobile communications such as text, email, and phone.
- We will ask you to wait in your car and text us upon arrival.
- Hand sanitizer is readily available.
- Temperature checks help us screen everyone.
- We are using some new protective gear.
- If you are not feeling well, we can help you reschedule.

**There are also a few things behind the scenes that might not stand out. Just a few include:**

- Added cleaning and disinfection of public spaces.
- Continued strict sterilization monitoring.
- More training than required on protective measures.

**Did we mention that we are excited to see you? But before we do, please take a minute to fill out the pre-appointment screening and health history forms by clicking below! Thank you!**

First name \*

Last name \*

Contact Phone Number \*

Email Address \*

**Do you or have you had a fever above 100 degrees in the past 21 days? \***

☐ No ☐ Yes

**Have you recently lost or had a reduction in your senses of smell and/or taste? \***

☐ No ☐ Yes

**Do you have a sore throat? \***

☐ No ☐ Yes

**Do you have a dry cough? \***

☐ No ☐ Yes

**Do you have a runny nose? \***

☐ No ☐ Yes

**Have you been in contact with someone who has tested positive for or suspected they were positive for COVID-19 in the last two weeks? \***

☐ No ☐ Yes

**Have you tested positive for COVID-19 or are you awaiting test results for COVID-19 within the last 10 days? \***

☐ No ☐ Yes

**Have you traveled out of the country within the last 14 days?**

☐ No ☐ Yes