

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 10	00 degrees in the past 21 da	ys? *
□ No	□ Yes	
Have you recently lost or had a reduction	n in your senses of smell a	nd/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 two weeks? *	who has tested positive for	or suspected they were positive for COVID-19 in the last
□ No	□ Yes	
Have you tested positive for COVID-19 o	r are you awaiting test resu	Its for COVID-19 within the last 10 days? *
□ No	□ Yes	
Have you traveled out of the country with	hin the last 14 days?	
🗆 No	□ Yes	