

COVID-19 Screening

** indicates a required field*

*** Have you traveled in the last 2 weeks?**

- Yes
- No

*** Have you, or anyone you've spent time with, tested positive for COVID-19?**

- Yes
- No

*** Have you, or anyone you've spent time with, had a fever or cough?**

- Yes
- No

*** Have you, or anyone you've spent time with, lost the senses of taste or smell?**

- Yes
- No

*** Are you (check all that apply):**

- Undergoing chemotherapy?
- Immunocompromised?
- Diabetic
- Over the age of 60
- None of the above

*** Do you have (check all that apply):**

- Heart disease
- High blood pressure
- Asthma or other respiratory disease?
- None of the above

New processes and procedures

Everyone entering the office must wear appropriate personal protection equipment (PPE), including vendors.

- I stagger patient appointments to give myself time to clean and to encourage social distancing.
- I ask patients to wait in their cars until appointment time. Text or call when you arrive. I will call you when it's time to come inside.
- I ask that patients come into the office alone (unless they require a caregiver).
- I have a no-contact sign in process now. You will sign in through the patient portal, or I will sign you in.
- I provide hand sanitizer in the office.
- I clean the room thoroughly between patients.
- I wipe down door knobs, light switches and tables.
- The office is cleaned deeply and thoroughly.
- I stay home if I'm sick, and I encourage all of my patients to do the same.

*** I have read and acknowledge the new office processes and procedures, and I agree to adhere to those procedures to the best of my ability. I have also answered truthfully to the best of my knowledge the preceding questions.** _____

I consent to sharing information provided here.