

# Inquiry Guidance for COVID-19 Pre-Appointment Questionnaire

*Below each question you will find some guidance for additional inquiry that may be needed with screening questions when patients indicate a “yes” answer and are directed to call the office.*

**Instructions:** Please complete the questions below prior to your appointment. If you answer YES to any of the questions we may reappoint you for a later date. If you answer NO to all the questions, please print, sign and bring the completed form to your appointment. If you are unable to print the form, you can complete it in our office on the day of your appointment.

Have you had contact with anyone confirmed positive for COVID-19 in the last 14 days?	Y   <input type="radio"/>
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**If a patient answers yes – you will want to reschedule this patient as recommendations would indicate they should be in quarantine for 14 days.**

Has anyone in your household had close contact with a confirmed or probable COVID-19 case?	Y   <input type="radio"/>
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**If a patient answers yes they will be directed to call the office as they may need to be rescheduled. You will need to inquire to get additional information (how recent, are they having any symptoms, how long was the contact, and recognize that a confirmed positive contact would be more definitive to make your decision) The doctor will determine if based on additional inquiry the patient should be re-appointed.**

In the past 14 days, have you had symptoms that include:	
Fever over 100.4°F	Y   <input type="radio"/>
Shortness of breath or difficult breathing	Y   <input type="radio"/>
Cough	Y   <input type="radio"/>
Gastrointestinal upset	Y   <input type="radio"/>
Headache	Y   <input type="radio"/>
Fatigue	Y   <input type="radio"/>
Recent loss of taste or smell	Y   <input type="radio"/>

**These are all symptoms and you would reschedule**

Have you taken any of the following medications in the last 14 day:	
Acetaminophen	Y   <input type="radio"/>
Ibuprofen	Y   <input type="radio"/>
Naproxen Sodium	Y   <input type="radio"/>
Aspirin	Y   <input type="radio"/>

Yes answers to this question will require additional inquiry to determine if the medications are being taken in an effort to reduce fever, if so the patient should be reappointed. If the patient is taking these medications for another condition, the doctor will determine if the patient should be reappointed.

Full Name (Printed):	Signature:	Date:
_____	_____	____/____/____