

Pre-Visit Questionnaire

If you have been exposed to a communicable disease, you may spread the disease to the physician, physician staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission: Do you or others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?

YES or NO

- Fever (defined as above 100.4° F degrees)
- Chills?
- Cough?
- Sore Throat?
- Shortness of breath and/or trouble breathing?
- Persistent pain, pressure or tightness in the chest?
- New loss of taste or smell?
- Have you or others accompanying you to today's appointment traveled outside of our local area or outside of the US within the past 14 days?
- Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

If yes provide approximate dates of illness: _____ through _____

I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's appointment to a later date.

Patient First Name: _____ MI _____ Last Name _____

Parent/Guardian First Name (if minor): _____

Signature of Patient/Parent/Guardian: _____ **Date** _____