



Outpatient Screening Form

Due to worldwide healthcare concerns over the Novel Coronavirus (COVID-19) and in an effort to protect patients, staff, and visitors, we will be following recommendations from the California Department of Public Health.

All patients will be asked to complete a screening form for symptoms of potential exposure to Novel Coronavirus (COVID-19) prior to their appointment

Screening Questions	Response	
<p>1) Does the patient have a new onset of any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever (objective or subjective) • Myalgias • Respiratory symptoms (dyspnea or cough) • URI symptoms (headache, rhinorrhea, sore throat) • GI symptoms (diarrhea, nausea, vomiting) • ENT symptoms (loss of taste or smell) • Eye symptoms (conjunctivitis) 	YES	NO
<p>2.A) – Has the patient been tested for COVID-19 in the past 14 days and is pending results?</p> <p>Date: _____</p>	YES	NO
<p>2.B) – Has the patient had close contact with a suspected or confirmed COVID-19 patient? <i>(For employees and medical staff: Close contact refers to a non-work related environment.)</i></p>	YES	NO

Based on the responses from the screening form, the patient may be asked to reschedule their visit.

Please contact the Department Clinical Leadership of positive responses to the screening questions above.

Patient Name: _____

Appointment Date: _____

Date of Screening: _____

Staff Name: _____

**Not part of the permanent
medical record**