

Clinic Entry COVID-19 Symptom Screening Questionnaire

For the safety of our patients and staff, we are screening for symptoms you, and/or your family members or caregivers living with you, are experiencing before your visit to the clinic.

Are you (or your family members or caregivers) experiencing any of the following symptoms?

- New cough* (1-14 days)
- New shortness of breath (1-14 days)
- Sore throat
- Loss of smell or taste
- Fever
- New diarrhea that can't be attributed to other health condition
- New skin rash
- Have you tested positive for COVID-19?
 - If yes, has it been more than 42 days since the positive test result? If no, cannot come into clinic.
 - If yes (i.e. more than 42 days since COVID-19 test positive), have you had any symptoms in the last 72 hours?

If **YES** for any of the above symptoms, please contact your primary care physician for immediate evaluation about the possible COVID-19 infections, and contact our clinic front desk to cancel the appointment.

If **NO**, patient can continue to clinic, following current masking policy.

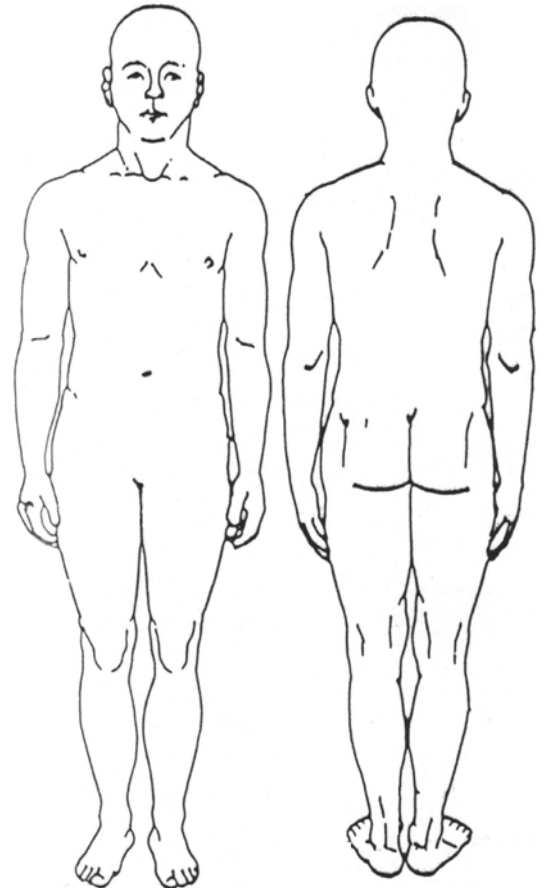
Patient Intake Questionnaire

Chief Complaints

Check List

Mark Your Pain in the Chart

- A. Any night sweats?
- B. Discomfort in Head & Body?
- C. Discomfort in Chest & Abdomen?
- D. Ringing in the ears or vision changes?
- E. Any appetite changes?
- F. How is your sleep?
- G. BM & Urination changes?



Any Other Complaints

A Friendly Reminder...

When coming to the clinic, please remember the following:

- Bring your own water to drink after treatment;
- Stay in your vehicle waiting to be called or texted to come in;
- Put on your masks before coming into the clinic;
- Have your temperature checked at the door;
- Come to the designated room directly;
- No counter check-ins or check-outs;
- Minimize the use of restroom if possible;
- Exit through the back door;
- Wear loose/comfortable cloth that is easy to change;