

Patient Pre-screening Questionnaire

Performed by phone before and at the patient's appointment.

-Have you been diagnosed with COVID-19 in the last 3 months?

-In the last 14 days, have you been around anyone that has been sick, suspected of having COVID-19, or been diagnosed with COVID-19?

-In the last 14 days, have you had a fever, cough, shortness of breath, chills, headache, sore throat, diarrhea, runny nose, muscle pain, flu-like symptoms, or sudden loss of taste or smell?

-In the last 14 days, have you traveled to any pandemic hot-spots such as New York or internationally?