

Patient Screening Questionnaire: Covid-19

In an effort to protect everyone from illness, we are taking measures to prevent the spread of COVID-19 in our practice and beyond. Thank you for your patience and understanding. Please read this questionnaire carefully. **If your answer to any of the following questions is “yes,” please call the office to be screened further.**

1. Travel: Have you traveled outside the states of **MA or NH**, or have you traveled internationally within the past **2 weeks**, or had close contact with anyone who has traveled in the past **2 weeks**?

2. Proximity: Have you had close proximity (greater than 5 minutes) to a lab-proven COVID-19-positive or Person Under Investigation within the last 14 days?

3. Family: Has anyone in your family or close work associates had confirmed, possible or suspected COVID-19 in the last month?

4. Occupation: Do you work in a higher-risk occupation, such as health care worker, first responder, front-line service worker, or grocery store/airline/airport/cruise-ship worker?

5. Symptoms: Do you currently have, or have you had any of the following symptoms in the last month? Have you been in close contact with someone with any of the following symptoms in the last month?

- Fever (100.0°F)?
- Dyspnea, cough, or other respiratory symptoms?
- Shortness of breath?
- Pain or pressure in the chest?
- Muscle aches/pain?
- GI symptoms (nausea, vomiting, diarrhea)?
- Loss of appetite?
- Loss of taste or smell?
- Conjunctivitis?
- Chills/repeated shaking with chills?
- Extreme fatigue?
- Blue discoloration/blisters of toes?

6. Co-morbidities: Do you have any of the following co-morbidities?

- Are you 65+ years of age?
- Do you have Hypertension (high blood pressure)?
- Do you have any cardiovascular disease such as coronary artery disease or heart failure?
- Do you have a pulmonary/ respiratory history?

- Do you have sleep apnea?
- Do you have kidney disease?
- Are you Immunosuppressed?
- Are you on any of the following immunosuppressive medications:
 - Azathioprine
 - Methotrexate
 - Leflunomide
 - Humira
 - Enbrel
 - Remicade
 - Steroids
- Do you have Diabetes?
- Do you have autoimmune disease?
- Do you have a blood clotting disorder?
- Is your BMI above 35?
- Do you smoke or vape?

If your answer to any of the above questions is “yes,” please call the office to be screened further. *Thank you!*

Also, please see below a list of instructions to help your visit run smoothly when we see you.