

Patient Screening Form

Please read through the following questions prior to you or your child's appointment at our office. You will be asked these questions again on the day of your appointment prior to entering the office; if possible, please arrive early.

1. Do you have a fever or have you felt feverish recently (14-21 days)?
2. Are you having shortness of breath or other difficulties breathing?
3. Do you have a cough?
4. Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
5. Have you experienced recent loss of taste or smell?
6. Are you in contact with any confirmed COVID-19 positive patients?
7. Do you have heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorders?
8. Have you traveled in the past 14 days to any regions affected by COVID-19?

If you answer yes to any of these questions, please call our office to have a deeper discussion about your treatment. If you are unable to reach us, please leave a detailed voicemail and we will call you back. Thank you, and stay safe.