

Coronavirus/COVID-19 Questionnaire: Pre-Appointment Screening

Please use the below questionnaire to screen patients prior to their appointments. All office visit and Infusion patients must be called for screening, 1 day prior to their appointments. All procedure patients must be called for screening, 2 days prior to their appointments.

1	Have you had any testing for COVID-19 in the last 14 days? Was your test negative or positive?	YES	NO
2	Have you had a fever, or a temperature of 100 degrees or higher in the last 14 days?	YES	NO
3	Do you have any of the following : Cough, shortness of breathing, difficulty breathing, chest pain or sore throat?	YES	NO
4	Do you have loss of sense of smell or taste?	YES	NO
5	Have you had a new onset of fatigue or lack of energy?	YES	NO
6	Have you traveled outside of the DMV (D.C., Maryland and Virginia) area in the last 3 weeks?	YES	NO
7	Have you been on an airplane, within the last 3 weeks?	YES	NO
8	Have you come into close contact with someone that has travelled outside of the US within the last 3 weeks?	YES	NO
9	In the last 14 days, have you come into close contact with someone that had a confirmed diagnosis of COVID-19 or with someone that is under quarantine or under investigation of COVID-19?	YES	NO
10	In the last 14 days, have you been in a setting where a group of 10 or more people are confined to a common location?	YES	NO
11	Are you a first responder, healthcare worker, or do you work/volunteer at a hospital, healthcare facility or nursing home?	YES	NO

If a patient answers **yes** to questions 1-10 and is **not** a healthcare provider, the appointment will be cancelled. Patients should call their primary physician for further evaluation. They will need to reschedule future appointments based on physician instructions, after 14 days of clearance, and/or with a clearance documentation. If patient is a healthcare worker and answers yes to any questions listed between numbers 6-11, **do not** cancel appointment. Confirm appointment and send an urgent task to Miriam and Dao with subject stating "Healthcare provider on COVID-19 screening."