



## **Pre-Visit COVID-19 Patient Phone Screening Tool**

*For use in phone screening at the time of scheduling (if within the next 10 days) and 24-72 hours prior to visit. Please also inform the patient that their escort/visitor will be screened upon arrival at the facility and cannot enter if they have any symptoms or exposures in the prior 10 days. (Essential escorts who are critical for the care of the patient will still be permitted if no one else is available to accompany the patient. See [Guideline](#) and [Instructions for Screening Patients, Escorts, Support Persons and Visitors](#) for additional details.)*

**1. Have you been diagnosed with COVID-19 in the last 10 days?**

*If yes, refer to clinical staff to determine need to be seen.*

**2. Are you experiencing any of the following symptoms?**

- Fever ( $\geq 100.4$  deg F) or feeling feverish
- Chills
- Body aches
- Sore throat
- Cough (new or worsening)
- Shortness of breath (new or worsening)
- Diarrhea (new or worsening)
- Loss of smell or taste

*If yes to at least one symptom, refer to clinical staff to determine if patient should be tested before appointment or seen in an appropriate location for evaluation ("[designated COVID care location](#)").*

**3. Have you been in contact with someone who has been diagnosed with COVID-19 in the last 10 days?**

*If yes, refer to clinical staff to determine the need to be seen.*

***\*Note that some practices/procedural areas will be using text-based or other electronic versions of this tool rather than phone screening.***