

## PRE-APPOINTMENT QUESTIONNAIRE

1. Do you or have you had any flu-like symptoms in the last 14 days?

- Cough
- Shortness of Breath
- Or at least two of these symptoms:
  - Fever
  - Chills
  - Repeated shaking
  - Fatigue
  - Muscle aches
  - Vomiting
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Malaise
  - Nausea
  - Diarrhea

2. Are you awaiting results of a lab test for COVID-19?

3. Have you tested positive for COVID-19? When?

4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?

5. Have you had close contact to an individual diagnosed with COVID-19 infection in the past 14 days?

6. Have you traveled in the past 14 days to a region with high rates of COVID-19 disease activity?

If yes to any of the above questions, delay elective treatment for 14 days, then re-evaluate.