

## COVID-19 Prescreening

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that for the safety of our staff and other patients, all persons entering the premises of Piedmont Acupuncture & Wellness Clinic must wear a face mask. Due to a worldwide shortage of medical masks, we ask that patients bring their own from home. Homemade masks are acceptable.

Please answer the following questions.

### **Check all boxes that apply:**

I have had exposure to a person with a lab-confirmed case of COVID-19 within the past 14 days.

### **In the last 48 hours, have you experienced:**

Fever over 100.5°F/38°C Current temperature \_\_\_\_\_

New cough, shortness of breath, or difficulty breathing

New loss of sense of smell or change in taste

If you check any of the boxes above, unfortunately we cannot treat you at this time. We will be happy to offer a telehealth consult, and/or refer you to an appropriate facility.

### **In the last 48 hours, have you experienced:**

New changes in skin (rash, skin discoloration, discoloration of toes)

Nausea/vomiting

New chills, feeling cold, or shivering

Diarrhea

New headache

New nasal congestion or runny nose

New fatigue

New body or muscle aches not associated with a specific activity such as exercise

Sore throat

If you check three (3) or more boxes above, unfortunately we cannot treat you at this time. We will be happy to offer a telehealth consult, and/or refer you to an appropriate facility.

I acknowledge that the information provided above is correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_