L i v e O a k M e d i c i n e
608 Gateway Central, Suite 100, Marble Falls, TX 78654♦*Phone:*(830)693-2005♦*Fax:*(830)798-2006

PATIENT PRE-SCREENING COVID-19 QUESTIONNAIRE

Due to the ongoing COVID-19 Pandemic, **ALL** patients are **required** to complete this form prior to being seen in the office. Your visit is subject to approval upon completion of this form. Effective immediately, only the person scheduled for an appointment will be allowed into the clinic, except for extenuating circumstances.

	YES	NO
Do you have any of the following?		
Fever		
Shortness of breath		
Cough		
Chills		
Muscle pain		
Headache		
Sore throat		
New loss of taste or smell		
Diarrhea		
Vomiting		
Pink eye		
Are you caring for someone in your home who is ill or have you been in the last 2 weeks?		
Do you have a swab for COVID-19 pending?		
Have you been out of the country in the last 2 weeks?		
Have you traveled to any areas of this country with a major COVID-19 outbreak in the last 2 weeks?		
Have you been in contact with any lab confirmed cases of COVID-19 in the last 2 weeks?		

Patient Name **Date of Birth**

Patient Signature **Date**

CLINICAL USE

TOS Temp	**MA Initials**

ALL PATIENTS ARE REQUIRED TO WEAR A MASK WHILE IN THE CLINIC.