



*'The secret in the care of the patient is in caring for the patient'*

## COVID-19 PRE-OFFICE SCREENING

### PLEASE READ EACH QUESTION CAREFULLY

Have you experienced any of the symptoms in the list below in the past 48 hours?

- Fever or chills
- New or unexplained onset of cough, shortness of breath, or difficulty breathing
- New or unexplained loss of taste or smell
- New or unexplained muscle aches

If YES, **stop** and call the office for guidance, if NO, continue...\*

- Are you isolating because you tested positive for COVID-19 or are sick and suspect that you have COVID-19 but do not yet have test results?

If YES, **stop** and call the office for guidance, if NO, continue...\*

- Have you been exposed to the virus that causes COVID-19 in the last 10 days?

If YES, **stop** and call the office for guidance, if NO, continue...\*

- Did you have a negative COVID-19 test result from a test taken 5 full days after your last exposure to the person who tested positive for COVID-19? (If it hasn't yet been 5 full days since your last exposure, select "YES").

If YES, **stop** and call the office for guidance, if NO, continue...\*

- Have you traveled internationally in the past 10 days?

If YES, **stop** and call the office for guidance\*

\*We offer TELEHEALTH VISITS WITH DR. LAKIN for those patients that are restricted from coming into the office.

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