COVID-19 Telephone Triage Screening Questionnaire

Today’s Date: _______________________

Patient Name: __________________________________________ DOB: ___________________

LCWC Patient    Community Patient

1. Do you have symptoms?  
   Fever (Temp: ________)  Cough  Difficulty Breathing
   Other______________________________

2. Have you been exposed to a known COVID-19 positive patient?  
   Yes  No

3. If YES, was the exposure prolonged or casual?  
   Prolonged  Casual

4. What was the date of exposure?  __________________________

5. Have you ever been tested for Covid-19?  
   Yes  No

6. If YES, were you positive or negative?  
   Positive  Negative

7. When and where was the test?  __________________________

- If patient has symptoms, make first available appointment.
- If patient had an exposure and has symptoms, make first available appointment.
- If patient had an exposure, but does not have symptoms, make appointment 5 day after the date of the exposure.

Instruct patient to self-quarantine until their test date and time.

Appointment Date and Time: _____________________________________________________