

# Covid-19 Screening Tool v2.0 rev 11/18/2020 14:05:00

---

---

## Policy:

For the duration of the Covid-19 pandemic we must screen patients for Covid-19 symptoms. This set of questions and question interpretation represent LaSalle's current best thinking to protect staff and patients.

## Procedure:

These screening questions should be asked in the following patient interactions:

1. At the time we are setting up an appointment
2. During a pre-visit call.
3. When a patient presents for a face-to-face appointment

Instructions of "Document" means the following Work Flow:

1. Type the Yes response in the General Notes section of the eCW Appointment
2. Continue as normal.

## Source:

These questions have been adopted from the AMA screening questions published May 15, 2020 at <https://www.ama-assn.org/practice-management/sustainability/use-covid-19-screening-script-when-reopening-your-practice>

Question	Instruction
I am going to ask you a series of questions related to Covid-19, these apply to you or anyone living in your house.	
In the last 21 days: Have you or anyone had any of the following symptoms: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit	Yes to any item: Document and PhnConsult
Has anyone been tested for Covid-19?	<ul style="list-style-type: none"><li>• Negative Test treat as NO.</li><li>• POSITIVE Test 30 days ago treat as NO.</li><li>• A Negative test for Delivery, Surgery Clearance treat as NO.</li></ul>
In the past 30 days has anyone visited or received treatment in a Hospital, Nursing Home, Long-Term Care, or other Health Care Facility?	Yes to any item: Document and PhnConsult
In the last 21 days has anyone traveled outside of California?	Yes in any fashion: Document and PhnConsult
Is anyone in the family a Health Care Provider, or Emergency Responder?	Yes to any item: Document and PhnConsult

# Covid-19 Screening Tool v2.0 rev 11/18/2020 14:05:00

Do you have any reason to believe you or anyone in your household has been exposed to or acquired Covid-19?	Yes – if it was over 30 days ago treat as NO, if under 30 days ago Document and PhnConsult
To the best of your knowledge have you been in close contact with anyone who tested positive for Covid-19?	Yes – if it was over 30 days ago treat as NO, if under 30 days ago Document and PhnConsult

## Spanish Version:

1. Le voy a hacer una serie de preguntas relacionadas al Covid-19 antes de buscarle una cita, esto aplica a usted y cualquier miembro que vive en su casa:
2. Han tenido algunos de los siguientes síntomas en los últimos 21 días? Dolor de garganta, tos, escalofríos, dolor de cuerpo, Dificultad para respirar (sentir que le falta el aire) Pérdida reciente del olfato o el gusto, temperatura más de 100 grados Fahrenheit?
3. Se han hecho la prueba del Covid-Diecinueve?
4. A visitado o recibido tratamiento en un hospital, Asilo, Centro de cuidado a largo plazo, u otro Centro de Salud en los últimos 30 días?
5. Han Viajado en los Estado Unidos en los últimos 21 días? Y en algún Crucero?
6. Alguien de su casa es un Proveedor de Salud o un Respondedor de Emergencia?
7. Han cuidado a algún individuo quien ha estado en cuarentena, o que este presuntamente positivo, o que la prueba de Covid-Diecinueve haiga salido Positiva?
8. Tiene alguna razón para pensar que usted, o alguien en su familia ha sido expuesto, o adquirido Covid-Diecinueve?
9. De acuerdo al mejor de su conocimiento, Usted ha tenido algún contacto cercano a algun individuo al que la prueba del Covid-Diecinueve haiga salido positiva?