

Coronavirus Disease (COVID – 19) Patient Triage Plan

Monitoring of current CDC guidance and updates for indication of disease in our community will occur daily.

[CDC Coronavirus website](#)

[Local health department](#)

[State health department](#)

Patient Screening Prior to Visit

Patient Name:		DOB	
Home Address:			
Phone Number:			
Do you have any respiratory symptoms?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List symptoms:			
Have you traveled outside of the US in the past 14 days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where did you travel?			
Areas of concern : China, Iran, Italy, Japan, South Korea			
Have you been in close contact with a patient with COVID-19		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close contact: within 6 feet of symptomatic patient			
Information review by:			
For positive responses to travel or close contact AND symptoms, contact your local or state health department. Have patient contact their healthcare provider.			

Patient Screening Prior to Elective or Emergency Procedure

Patient Name:	DOB
Home Address:	
Phone Number:	
Do you have any respiratory symptoms? If yes, ensure the patient is wearing a mask.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List symptoms:	
Have you traveled outside of the US in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where did you travel?	
<u>Areas of concern</u> : China, Iran, Italy, Japan, South Korea	
Have you been in close contact with a patient with COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Close contact: within 6 feet of symptomatic patient	
Information review by:	
For positive responses to travel or close contact AND symptoms, contact your local or state health department.	
Phone for local health department	
Phone for state health department	

