

Patient Pre-Questionnaire

1. Have you traveled in the last 14 days to regions affected by COVID-19?

Yes/No

2. Have you had contact with anyone with **confirmed** COVID-19 in the last 14 days?

Yes/No

**If you answered yes to question 1 and/or 2, please call you primary care provider OR the State Department of Health for further direction.*

North Carolina Department of Health Services – 608.266.1865

3. Have you had any of the following symptoms in the last 14 days?

Fever greater than 100 degrees Fahrenheit

Difficulty Breathing or Shortness of Breath

Cough

4. Are you currently experiencing fever over 100, difficulty breathing or cough?

Yes/No

**If you answered no to questions 1 and 2, but yes to numbers 3 or 4, please contact your healthcare provider if symptoms are severe.*

5. Do you plan to purchase glasses at this appointment?

Yes/No

**If yes, we will schedule you with our Optician after your appointment to ensure we have limited people in the frame area at one time*

6. Do you plan to order contact lenses at this appointment?

Yes/No

**If yes, we will bill you at time of order and ship lenses to your home or office for free*

What to expect upon arrival to an appointment

- Employees and doctors will be in masks and/or gloves.
- We are asking that all patients wear masks and gloves. If you don't have any, we will provide them for you.
- We are limiting the number of people in the building at the same time. If we reach that number, we may ask that you wait in your vehicle to allow time to properly sanitize in-between patients.
- We are asking that all patients come to their appointments alone, if possible, or only bring one other person if necessary. Example: *Child/Parent*
- We will have social distancing measures in place. We are asking that all patients stay 6 feet away from other patients during your visit to our practice.