

McLaren Oakland Pre Surgical Screening Questionnaire

Patient name: _____

Do you currently have, or have had in the past 21 days, any of the following symptoms?

- Unexplained cough
- Fever above 100.4
- Shaking/chills
- Muscle pain
- Headaches
- Sore throat
- New G.I. symptoms (diarrhea, vomiting, nausea)
- New loss of taste or smell

Recent social history:

- Have you or anyone in your household tested + for Covid-19?
- Have you visited or been treated in a hospital, nursing home, or health care facility in the past 30 days?
- Have you or anyone in your household traveled out of Michigan in the past 21 days?
- Are you or anyone in your household a health care provider or first responder?
- To the best of your knowledge, have you or anyone in your household been directly exposed to, or in close proximity to someone that tested + for Covid-19?

If all questions above are NO, please attest by checking this box

Please include this completed form, along with the McLaren Oakland Surgical Boarding Form when scheduling all procedures until further notice