

ADVANTAGE

Sleep Centers

The safety of our patients and staff is of utmost importance to Advantage Sleep Centers

Given the recent COVID-19 outbreak, please answer the questions below in connection with your scheduled appointment. These questions are designed to help promote your safety, as well as the safety of our staff and other patients.

Please contact us prior to your appointment if you answer YES to any of these questions

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reason, loss of smell or taste, a temperature at or greater than 100 degrees? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started and stopped.)		
Have you or a member of your household been advised to be tested or self-quarantine for COVID-19? (If yes, obtain information about why and when the recommendation was made, whether the testing occurred, when any symptoms started and stopped, and the current health status of the person advised.)		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility/date)		
Have you or a member of your household traveled outside of the U.S. or state in the past 21 days? (If yes, obtain the state and dates)		
Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter)		

Thank you!

- I will share this information with a medical professional in our practice.
- Please note that our office requires that all patients and visitors follow CDC guidance regarding face covering to prevent the spread of COVID-19.
- For that reason, we ask that you please wear a cloth face covering or mask to your appointment.
- A temperature check will be required prior to entering the facility.
- Unless you hear otherwise from us, we look forward to seeing you at your appointment on (date/time).

Completed by: _____

Date: _____

Patient/Responsible Party Signature