

Novel Coronavirus (COVID-19) 2020 TCSC Questionnaire

Patient Name: _____

You must be tested for COVID-19 three working days before your scheduled surgery and self- quarantine at home until you have your surgery. We provide testing here at TCSC Monday through Friday and will schedule a time for you to come in to be tested three days before your surgery. Your insurance will be billed. The test takes 36 to 48 hours to get results. We will notify you if you have a positive test and your surgery will be postponed until you can contact your PCP and get further instructions for care. If you do not hear from us, know that your test was negative and please arrive at your scheduled time.

Have **you and/or anyone living with you** traveled outside of Arizona in the last 14 days?

YES **NO** if yes, when & where? _____

Have **you and/or anyone living with you** been in close contact with a person known to have COVID- 19?

YES **NO** _____

Do **you and/or anyone living with you** currently have a fever or any respiratory symptoms such as cough, shortness of breath or sore throat?

YES **NO** _____

IF YOU DEVELOP ANY OF THESE SYMPTOMS, PLEASE NOTIFY TCSC AT 928-445-1919

- You must wear a cloth face covering that can be bought or made at home if you do not already possess a surgical mask.**
- When you arrive at the surgery center call 928-445-1919. The front desk person will let you know when it is okay to enter the building.**
- Your ride will have to wait in the car (or go home) with a cell phone. *(One parent may remain with their minor in pre-op. They must then wait in their car, in the parking lot during the procedure.)* We will call your ride when you are ready to go home.**

RN Signature: _____ Date/Time: _____

Office use only

LEFT MESSAGE _____

DAY OF PROCEDURE

Temperature in waiting room: _____

Nurse Comments:

Nurse Signature: _____ Date/Time: _____