



Quince Orchard Psychotherapy

Compassionate, Client-centered Care

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Fredrick, MD 21701

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COVID Screen Should be completed 24 hours before appointment

Have you or any member of your household had any of the following symptoms in the last 14 days?	Yes/No	Details if yes
Sore throat		
Cough		
Chills		
Body aches for unknown reasons		
Loss of smell		
Loss of taste		
Temperature >99.5		
Is any member of your household experiencing any of the above symptoms?		
Have you or any member of your household been tested for COVID? If yes, what date and what were the results?		
Have you or any member of your household tested positive for COVID antibodies? If so, what date and what were the results ?		
Have you or any member of your household been advised to self-quarantine?		
Have you or any member of your household visited or received treatment in a hospital the past 30 days?		
Have you or anyone in your household traveled outside of the DMV in the past 30 days? Where?		
Are you or any member of your household a healthcare provider or emergency responder?		
To the best of your knowledge, have you been exposed to any person who tested positive for COVID-19?		

My signature indicates that I have answered these questions accurately.

Patient/Client Signature

Date

Printed Name