



WEST SPRINGS hospital

Psychiatric Care & Recovery

Corona Virus Brief Screen – Walk in Center

Name: _____ Phone #: _____ Address: _____

If being referred from another facility/agency, name of agency and/or individual referring:

Name of agency/caller: _____ Phone #: _____

REFERRING FACILITY/AGENCY MUST PLACE MASK ON ACCEPTED PATIENT

WE WILL NOT ACCEPT PATIENT WITHOUT A MASK ON THE PATIENT.

1. Have you traveled outside of Mesa County in the last 10 days?

Yes

No

2. Have you been in contact with anyone who has traveled outside of Mesa County in the last 10 days?

Yes

No

3. Have you had close contact with a known or suspected case of COVID-19 (Corona Virus) within the last 14 days?

Yes

No

If the answer is 'yes' to any of the above questions, have them wait in the foyer.

*Contact the health department for guidance **AND** a West Springs Hospital provider*

4. Do you have any of the following symptoms: (if they answer 'yes' to any symptoms, but NO to questions 1 and 2 above, have them put on a mask and proceed with the screening process)

Fever

Cough

Shortness of breath

Chills

Fatigue

Congestion

Runny nose

denies all symptoms

Print Staff name: _____ Staff Signature: _____ Date: _____