

# Curbside Phlebotomy Screening Questionnaire

PH0049-F2 (5/20)



Immunosuppressed, Chronic Illness, Pregnant, 60+, COVID, CAC

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Ordering Physician: \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Color of Car \_\_\_\_\_

**PPE required for draw**

Regular outreach PPE-Gloves, Lab coat  
*If answered yes to question use:*

Droplet- Gloves, Isolation Gown, Simple Mask, Goggles

Mask patient

To prevent frustration of the patient and acknowledge the repetitive question asking, please use the following script:

"I know you may have been asked these questions before, and we are happy to serve you regardless of your answers, but for our caregivers' safety and the safety of the community I have to ask again, and we ask that you respond accurately"

1. Have you/the patient or anyone in your home come into close contact with anyone with known COVID-19?  
 (Close contact=within 6 feet for extended time)
  - a. Have you/the patient been tested for COVID? Yes or No
  - b. If yes, was the result POS or NEG? Pos or Neg
    - a. If POS, how long has it been since the initial diagnosis? \_\_\_\_\_
    - i. If greater than 14 days, have you/the patient had a fever within the last 72 hours? Yes or No
  - c. Do you/the patient have a COVID test pending? Yes or No

2. Do you/the patient have any of the following symptoms:
 

a. Fever	e. Decreased smell
b. Cough- (No swabbing patients)	f. Runny/stuffy nose
c. Shortness of breath	g. Sore throat
d. Body Aches	h. Diarrhea

3. Where are you/the patient located in the car? (See table)
4. How many passengers are in the vehicle? Location in the car.
5. Are any of the passengers ill? Yes or No
6. Have you/the patient or anyone in the car ever had an adverse reaction to blood draw? (passing out, vomiting)

Driver	Front Passenger
Driver Rear Passenger	Rear Passenger

7. Are there any pets in the vehicle? Yes or No  
 If yes, we ask that the pet be restrained or removed from the vehicle during the draw process . Phlebotomists will not proceed with the blood collection if the pet is unrestrained in the vehicle.
8. Do you have any questions or concerns before we send a phlebotomist out to your car? Any additional information Phlebotomist may need?

**REGISTRATION**

PHI Verified

Insurance Verified

MSP Collected if needed

ABN Checked/collected if needed



Lab Req 50198