



Operations and Workflow: Patient Self-Screening Questionnaire

Influenza Infection

Name _____

Date of Birth _____ Age _____ Weight _____

Address _____

Phone _____

What medications are you currently taking? (Including over-the-counter, vitamins, and supplements)

Do you have any allergies to medications? Please list _____

Do you have any allergies to food or other substances? Please list

What health conditions have you been diagnosed with? Please list

What symptoms are you experiencing today and when did they start? _____

Women: are you or could you be pregnant?	Yes/No
Do you have kidney disease?	Yes/No
Have you ever been told you have a compromised immune system?	Yes/No
Have you ever been told you have COPD, asthma, any other respiratory disease, or do you experience trouble breathing?	Yes/No
Are you using home oxygen therapy?	Yes/No
Do you currently take corticosteroids? (i.e. Prednisone, Prednisolone, Methylprednisolone)	Yes/No
Are you taking Aspirin daily?	Yes/No
Are you taking or have you been prescribed an antiviral medication in the last 2 weeks? (i.e. Oseltamivir, Tamiflu)	Yes/No
Have you received a flu vaccine in form of a nose spray in the last 2 weeks?	Yes/No
Are you allergic to fructose or sorbitol?	Yes/No

Operations and Workflow: Patient Self-Screening Questionnaire

Group A Streptococcal Pharyngitis

Name _____

Date of Birth _____ Age _____ Weight _____

Address _____

Phone _____

What medications are you currently taking? (Including over-the-counter, vitamins, and supplements)

Do you have any allergies to medications? Please list _____

Do you have any allergies to food or other substances? Please list

What health conditions have you been diagnosed with? Please list

What symptoms are you experiencing today?

Women: are you or could you be pregnant?	Yes/No
Have you been feeling confused or disoriented?	Yes/No
Do you have kidney disease?	Yes/No
Have you ever been told you have a compromised immune system?	Yes/No
Do you have history of rheumatic fever, rheumatic heart disease, scarlet fever, or Group A Streptococcal Pharyngitis-induced glomerulonephritis?	Yes/No
Do you currently take corticosteroids? (i.e. Prednisone, prednisolone, methylprednisolone)	Yes/No
Have you had an antibiotic prescribed to you for treatment of sore throat or upper respiratory tract infection in the past 30 days?	Yes/No