



Lamb Behavioral Health Center, LLC

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In-Person COVID-19 Screening

The following screening **MUST** be completed before **EVERY** visit (during reminder call and when checking into the appointment).

The safety of our patients and staff is of utmost importance to Lamb Behavioral Health Center. Given the ongoing COVID-19 outbreak, I need to ask a few questions in connection with your scheduled appointment. Each party entering the office must answer these questions. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions to all patients to help ensure everyone's safety. Please answer these questions truthfully and accurately. Your responses will remain confidential.

1	Have you experienced any of the following symptoms in the past 48 hours? Fever (over 100.0 degrees) Chills Fatigue Muscle or body aches Cough Sore Throat Shortness of breath or difficulty breathing Congestion or runny nose (unusual or new onset) Headache (unusual or new onset) New loss of taste or smell Nausea and/or vomiting Diarrhea	Yes/No
2	Are you or a household member currently waiting on the results of a COVID-19 test? (excluding those selected for random testing without suspicion of COVID-19)	Yes/No
3	Have you personally been instructed to self-quarantine?	Yes/No
4	In the past 14 days have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or anyone who has symptoms consistent with COVID-19?	Yes/No
5	Have you traveled out of the country or been on a cruise ship in the last 14 days? (The CDC recommends a 14-day quarantine.)	Yes/No