

COVID 19 Patient Questionnaire:

1. Have you been diagnosed or exposed directly or indirectly to COVID 19? Yes No
2. Any recent illness? Fever? Yes No
3. Have you practiced social distancing? Yes No
4. Any travel via airplane or mass transit? Yes No
5. Have there been cases diagnosed in your workplace? Yes No
6. Any travel outside the local area, across state lines or out of the country? Yes No

NOTE: All patients entering office must wear mask, (our office cannot supply masks as they are in short supply) hand sanitizer will be available at front desk and only the patient being examined will allowed in the office. In the case of a child – only the child who is the patient and one parent will be allowed in the office.

Thank You.