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COVID PATIENT QUESTIONNAIRE

1. Do you or have you had any flu-like symptoms in the last 14 days?

- Cough
- Shortness of Breath

- Or at least two of these symptoms:
 - Fever
 - Chills
 - Repeated shaking
 - Fatigue
 - Muscle aches
 - Vomiting
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Malaise
 - Nausea
 - Diarrhea

2. Are you awaiting results of a lab test for COVID-19?

3. Have you tested positive for COVID-19? When?

4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?

5. Have you had close contact to an individual diagnosed with COVID-19 infection in the past 14 days?

6. Have you traveled in the past 14 days to a region with high rates of COVID-19 disease activity?

If yes to any of the above questions, delay elective treatment for 14 days, then re-evaluate.