

COVID-19 Pandemic Period Questionnaire

- Have you had any of the symptoms of COVID-19 that may include:
 - Fever
 - Headache
 - Cough
 - Shortness of breath
 - Headache
 - Muscle ache
 - Chills or shaking with chills
 - Loss of smell or taste
- Have you been around any individual who has had these symptoms or tested positive for COVID-19? If so, how long has it been since you have been in contact with them?
- Have you been in practicing social distancing?
- Have you been at home following the stay at home guidelines?
- Have you visited an assisted living home, nursing home, hospital or any area that is treating COVID-19 patients?
- Have you had the COVID-19 virus? If yes:
 - a. Has a minimum of 72 hours have passed since recovery (resolution of fever without the use of fever reducing medications, and improvement of respiratory symptoms) and at least 7 days passed since your symptoms first occurred?OR:
 - b. If you had a laboratory confirmed case of COVID-19 but have not had symptoms, has at least 7 days have passed since the date of the first positive COVID-19 diagnostic test? Also, have you had no subsequent illness?

Other Questions

- 1) What is the nature of your pain?
- 2) How long has the area been painful?
- 3) On a scale of 1-10, quantify your pain or discomfort?
- 4) Are you swollen or do you feel any swelling?
- 5) What are your current medical alerts or conditions?
- 6) Do you have a history of respiratory problems?
- 7) What medications are you taking?
- 8) Have you taken medication for the emergency you are calling for?
- 9) What are your known allergies?
- 10) Do you have allergies to any medications?
- 11) Have you also filled out our standard health history? If not, please complete it now.