



COVID-19 QUESTIONNAIRE

This information is highly confidential and will be securely managed

Name: _____ Date: _____

To help prevent the spread of germs by paper and pen, you will be asked to verbally confirm the questions below. Each time you come in, you are required to update us if there are any changes to your answers below. Please check the Yes or No boxes; do not check both boxes. Feel free to explain what a yes or no answer means in the Comment Section below the question.

1. Have you traveled outside of California in the past 30 days? Yes No

If yes, please write in the specific city and state below.

Comment _____

2. Have you been in close contact with anyone who has been to any of the COVID-19 hotspots in the past 30 days? Yes No

If yes, please list the areas below that he/she has visited.

Comment _____

3. Have you been in close contact, in the past 30 days, with an individual who has had any of these symptoms? Yes No

- Fever over 100.4°
- Persistent cough
- Shortness of breath
- Diminished sense of smell and/or taste

If yes, have they been diagnosed and/or seen the doctor? Yes No

Comment _____

4. Have you had any of the symptoms below in the last 30 days? Yes No

- Fever over 100.4°
- Persistent cough
- Shortness of breath
- Diminished sense of smell and/or taste

If yes, how long have you had these symptoms? _____

If yes, have you been diagnosed and/or seen the doctor? Yes No

Comment _____

5. Have you been tested for COVID-19? Yes No If yes, what date were you tested? _____

6. Have you been diagnosed with COVID-19? Yes No

If yes, what date were you cleared? _____ Discharge papers or a note from your doctor will be required prior to physical therapy services inside our clinic. Discharge papers are not required for any of our NEW virtual appointments. Ask about these services!

If you answered yes to any of the questions above, HealthWELL will need to evaluate & make an informed decision regarding your therapy inside the clinic. Telehealth may be a better option during this pandemic. Please ask us to check your insurance for approval of Telehealth.