

Name: \_\_\_\_\_

## Pre-visit Questionnaire

- **Date your symptoms began:** \_\_\_\_\_ or N/A: \_\_\_\_\_
- **Please CIRCLE the symptoms you currently have:**
  - Fever (temperature: \_\_\_\_\_ degree), and last date of fever: \_\_\_\_\_
  - Chills
  - Fatigue
  - Myalgia
  - Cough
  - Sore throat
  - Nasal congestion or running nose
  - Shortness of breath
  - Wheezing
  - Headache
  - Loss of taste
  - Loss of smell
  - Nausea
  - Vomiting
  - Diarrhea
  - Other: \_\_\_\_\_
- **Have you recently been exposed to someone with known positive COVID?**
  - No known exposure: \_\_\_\_\_
  - Date of exposure: \_\_\_\_\_
  - Description of exposure: \_\_\_\_\_
- **Medication tried so far:**
  - None: \_\_\_\_\_
  - Antihistamines (i.e. Claritin, Zyrtec, Allegra): \_\_\_\_\_
  - Cough suppressants (i.e. Robitussin, Mucinex, Tylenol Cold, DayQuil, Etc): \_\_\_\_\_
  - Decongestant (i.e. Sudafed): \_\_\_\_\_
  - Nasal steroids (i.e. Flonase, Rhinocort, Nasocort): \_\_\_\_\_
  - Tylenol: \_\_\_\_\_
  - Ibuprofen/Motrin: \_\_\_\_\_
  - Antibiotics: \_\_\_\_\_
  - Other: \_\_\_\_\_
- **Other medication:** \_\_\_\_\_
- **Your COVID vaccine status:** (please give us the dates of your vaccines if they are not already in your chart)
  - I have gotten the booster.
  - I have gotten two vaccines MORE than 6 months ago and have NOT had the booster yet.
  - I have gotten two vaccines LESS than 6 months ago and have NOT had the booster yet.
  - I have only gotten one COVID vaccine.
  - I have not received any COVID vaccines.
- **Are you a healthcare worker?** No: \_\_\_\_\_ Yes: \_\_\_\_\_
- **Have you had a COVID test recently?** Yes (provide date): \_\_\_\_\_ No: \_\_\_\_\_  
**If yes, which type?:** Rapid (<30 min) or PCR or unsure: \_\_\_\_\_