

Coronavirus Patient Questionnaire

In an effort to reduce the exposure of our patients, their families, and our staff to potential Coronavirus exposure, please review the following questions:

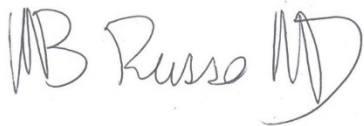
1. Have you or anyone in your family had an unexplained illness in the last 2 weeks with fever, malaise, flu like symptoms, and/or cough?
2. Have you have been advised to self-quarantine or have quarantined in the recent past?
3. Have you had close contact with a suspected or known coronavirus patient?
4. Have you not been able to “shelter in place” (stay at home) in the last two weeks for any reason? (For example, you live in a barracks, treatment center, or are required to work in close proximity with large numbers of people.)
5. Have you have traveled outside the US to high risk locations such as China, South Korea, Italy, or Europe?

If you answered yes to any question, please inform front desk staff so we can take appropriate precautions.

Thank you. We will be pleased to answer any questions you may have. We will also be willing to reschedule your appointment if you wish for any reason.

Thank you for your understanding.

Sincerely,

A handwritten signature in black ink that reads "Michael B Russo MD". The signature is written in a cursive style with a large, stylized "M" at the end.

Michael B Russo, MD, FAAN, FACP, FAASM, FAsMA