



## -Complete Neurological Care P.C

Board Certified Adult and Pediatric Neurologists  
Tel: (800) 200 - 8196

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### **INLIGHT OF THE RECENT CORONA VIRUS OUTBREAK**

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### **PLEASE ANSWER THE QUESTIONS BELOW.**

1. HAVE YOU RECENTLY HAD ANY OF THESE SYMPTOMS (circle)

Yes or NO FEVER

- YES OR NO COUGH
- YES OR NO SHORTNESS OF BREATH
- YES OR NO NONE

2. HAVE YOU TRAVELED IN THE PAST 14 DAYS? (IF YOU HAVE PLEASE SPECIFY WHERE)

- YES, where \_\_\_\_\_
- NO

3. HAVE YOU BEEN IN CONTACT WITH THAT HAS CORONAVIRUS OR HAS CORONAVIRUS SYMPTOMS?

- YES
- NO

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Board Certified Neurologist  
Board Certified Neurophysiologist

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Board Certified Epileptologist

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