

True Physician Care, LLC 10215 Fernwood Road, Suite 405 Bethesda, Maryland 20817

COVID-19 SCREENING QUESTIONNAIRE

All patients who have not specifically been cleared to come in for an acute sick visit and possible COVID testing must review this questionnaire

- 1. Have you or anyone in your household tested positive for COVID-19 in the past 14 days?
- 2. Do you have any of the following symptoms: fever, sore throat, runny nose, cough, shortness of breath, loss of sense of taste or smell, headache, unexplained muscle aches, diarrhea, nausea?
- **3.** Have you been in close contact with anyone who tested positive for COVID-19 in the past 14 days?

If any of the answers to the above questions are **YES**, please speak with our office prior to coming in, as we may decide to convert your appointment to a televisit or reschedule your appointment.



