

# FOOT and HEEL PAIN INSTITUTE of MICHIGAN

## Coronavirus Patient Screening:

1. Have you traveled, or been in close contact with anyone who has traveled outside of the country in the last 14 days?

CIRCLE ANSWER:            YES   /        No

2. Are you experiencing any of the following symptoms: fever, cough, or shortness of breath?

CIRCLE ANSWER:            YES   /        No

3. Have you been in contact with someone with known or suspected coronavirus (COVID-19)?

CIRCLE ANSWER:            YES   /        No

**Notify the office immediately if you find that you were exposed and/or have contracted the coronavirus.**

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

Patient Signature: \_\_\_\_\_

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

Thank you for your cooperation and understanding.

We wish you good health.