

**Lamorinda ENT, Face &  
Neck Surgery**  
*Sassan Falsafi, MD*

**P: 925-299-9919**

**F: 925-299-9924**

In the past 30 days have you travelled to or have been in contact with anyone known to have travelled outside of United States?

Have you been in contact with anyone known to have tested positive for COVID-19?

Are you currently experiencing any of the following?

Cough

Fever 100.4 F or greater

Shortness of Breath

Loss of Sense of Smell

Pneumonia

Bronchitis

Fatigue

Dry cough

Loss of Appetite

Muscle Ache

Shotness of Breath

Cough with sputum production

Headache

URI symptoms (runny nose, sore throat)

Nausea

Diarrhea

Loss of smell and taste

Have you traveled to any COVID-19 hotspots in the last six weeks?

Female Patients: If "yes" to any of the above: Are you currently pregnant?

Have you been vaccinated against COVID-19?

Patient name: %Name%

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

Date: %Date%