Don Fong, OD FGI

Calif Board Certified
Fellow of the Gesell Institute
Clinical Skills Certified NORA
Email: dfongod@gmail.com
NVPT Certified 2014

3956 J St. Suite 4
Sacramento, CA 95819-3625
916-739-6260
Fax 916-739-0168
Calif Glaucoma Certified 2015

COVID Questionnaire

Date:

Patient Name:

Please check all that apply

Have you been in contact with any person (s) who are positive for COVID

Y__ N__ If so: when was the last time you had contact

Any of the following symptoms? Please check if any

__ Fever
__ Cough
__ Shortness of breath or difficulty breathing
__ Chills
__ Repeated shaking with chills
__ Muscle pain
__ Headaches
__ Sore throat
__ New loss of taste or smell
__ Persistent pain or sensitivity in the chest
__ New confusion or inability to arouse
__ Bluish lips or face

PLEASE NOTE: PLEASE BRING YOUR OWN FACE MASKS
TEMPERATURES WILL BE TAKEN ON EVERYONE
ONLY ONE PERSON MAY ACCOMPANY THE PATIENT AND ALSO MUST WEAR FACE MASK

PLEASE ENTER YOUR NAME HERE: _____

Neuro Optometric Rehabilitation

Don Fong, OD FGI

Calif Board Certified
Fellow of the Gesell Institute
Clinical Skills Certified NORA
Email: dfongod@gmail.com
NVPT Certified 2014

3956 J St. Suite 4
Sacramento, CA 95819-3625
916-739-6260
Fax 916-739-0168
Calif Glaucoma Certified 2015

Neuro Optometric Rehabilitation