



Name: _____

Patient Health Questionnaire

Welcome to Statcare Urgent & Walk-in Medical Care! To help us better treat you, please answer the following questions about your visit **today**.

1. Are you currently experiencing the following?:

- ☐ Fever
- ☐ Cough
- ☐ Sore throat
- ☐ Runny nose
- ☐ Body Aches
- ☐ Headache

2. In the last 14 days, have you traveled outside of the United States?

- ☐ Yes Where? _____
- ☐ No

3. In the last 14 days, have you had contact with a suspected or confirmed case of Coronavirus, or a person under monitoring for Coronavirus?

- ☐ Yes
- ☐ No

If you are experiencing any cough, fever or flu like symptoms, we kindly ask that you please wear a mask while you are waiting to be seen.