

Name: _____

Date: _____

Reason for Appointment _____

How do you hear about us? _____

Do you experience the following symptoms in the last 48 hours?

- Fever (Y) (N)
- Cough (Y) (N)
- Headaches (Y) (N)
- Fatigue (Y) (N)
- Muscle or body aches (Y) (N)
- Loss of taste or smell (Y) (N)
- Sore throat (Y) (N)
- Nausea (Y) (N)
- Diarrhea (Y) (N)

Do you been test for COVID in the last 5 days? (Y) (N)

Do you been test positive for COVID in the last 24 Hours(Y) (N)

Other symptoms are signs of serious illness. If someone has trouble breathing, chest pain or pressure, or difficulty staying awake, get medical care immediately.

Free Consultation Availability Request:

Enter Date & Time:

To schedule your free consultation you can also visit us online at www.cosmed-ttoo.com please submit this questionnaire at claudia@cosmed-ttoo.com for our review and confirmation of your free appointment.