

# **Mahoney Dermatology Specialists**

**7995 66<sup>th</sup> Street North**

**Pinellas Park, Florida 33773**

**727-530-0920**

Patient Name:	Date of Birth:	Pre-appointment	In- office
		Date:	Date:
Do you have a fever or have you/they felt hot feverish recently (14-21 days)?		Y / N	Y / N
Are you having shortness of breath or difficulties breathing?		Y / N	Y / N
Any other flu- like symptoms, such as gastrointestinal upset, headache or fatigue?		Y / N	Y / N
Have you/ they experienced a recent loss of taste or smell?		Y / N	Y / N
Are you/ They in contact with any COVID-19 positive patients?  <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>		Y / N	Y / N
Do you/ they have heart disease, lung disease, kidney disease, diabetes or any autoimmune disorders?		Y / N	Y / N
Have you/ they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)		Y / N	Y / N

Positive responses to any of these would likely indicate a deeper discussion with the medical staff before proceeding with dermatology treatment.

\*Please bring with you at the time of the appointment. Temperature at the time of the visit \_\_\_\_\_

Office Staff Signature: \_\_\_\_\_ Patient Signature: \_\_\_\_\_