



Pain Specialists of Greater Chicago Patient Covid Screening Tool

Please answer the following questions:

1. In the last 14 days have you, have you or a member of your household tested positive for Covid-19? Yes/No
2. In the last 14 days have you had a sore throat, fever over 100-degrees, cough or body aches? Yes/No
3. Have you traveled outside the US in the last 30 days? Yes/No
4. Have you traveled outside Illinois in the last 14 days? Yes/No

Patient Signature: _____ **Date:** _____

PAIN SPECIALISTS OF GREATER CHICAGO

7055 HIGH GROVE BLVD • SUITE 100 • BURR RIDGE, IL 60527

630-371-9980 • 630-371-1555