Nassau Psychiatric Services, P.C.

601 Franklin Ave, Suite 120
Garden City, NY 11530
Phone: (516) 280-9030
Fax: (516) 280-9029
Email: assistant.ny@continentalpsychiatry.com
Website: www.continentalpsychiatry.com

Please circle your answers:

Have you or anyone in your household had a sore throat, fever, cough, chills, body aches, shortness of breath, or loss of taste/smell in the last 21 days? **YES / NO**

Have you or anyone in your household been tested for COVID19? **YES / NO**

Have you or anyone in your household traveled outside of the US in the last 21 days? **YES / NO**

Are you or anyone in your household a healthcare provider or first responder? **YES / NO**

Have you or anyone in your household cared for anyone who has been in quarantine or is a presumptive positive/has tested positive for COVID19? **YES / NO**

Do you have reason to believe you or anyone in your household has been exposed to the COVID19 virus? **YES / NO**

To the best of your knowledge, have you or anyone in your household been in close contact with anyone who has tested positive for COVID19? **YES / NO**

Have you been vaccinated for COVID19? **YES / NO**

Patient's Name: _____ **DOB:** _____

Date: _____

Patient's Signature: _____