



La Jolla IVF

David B. Smotrich, M.D., F.A.C.O.G., Founder & Medical Director

Coronavirus Questionnaire

1	Have you traveled to or from anywhere outside of California IN THE LAST MONTH? If yes, what City/State/Country: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	IN THE LAST MONTH, have you come into contact with anyone who has traveled to or from anywhere outside of California? If yes, what City/State/Country: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	IN THE LAST MONTH has your partner traveled to or from anywhere outside of California? If yes, what City/State/Country: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Have you or your partner had any of these symptoms in the last month: Fever, Cough, Shortness of Breath, Sore Throat, Chills, Headaches, Vomiting, Diarrhea or Abdominal Pain (PLEASE CIRCLE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Have you lived with individuals diagnosed with or suspected of having Coronavirus infection? If yes, who and date (Month and Year): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Have you been diagnosed with or suspected of having Coronavirus infection? If yes, date (Month and Year): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Print Name (Patient)

Date

Signature

Physician

Date

Signature