

## What should you bring?



A list of your medications



A list of questions you want to ask the doctor



ID card and/or insurance cards



The attached About Me form

## What should you expect when you get to the doctor's office?



Your testing location may look different.



You may be stopped at the door by a doctor who will ask you some questions.



The doctor that greets you will be wearing protective gear and may need to test you for COVID-19.

## When the doctor is asking about my history and symptoms?



It is ok to say that you are nervous.



Take your time to answer, don't feel rushed!



Share your About Me form.

## What should you expect during the physical exam or procedure?



The doctor will need to insert a long Q-tip into your nose for 15 seconds and move it around. This will be done on both sides of the nose.



You may be asked to move into different positions in order to take views from both the front and the side of your chest. Having X-rays taken is generally painless.

## If you test positive for COVID-19, what happens next?



You may need to stay at the hospital for extra help



You may go home and be told to avoid contact with other people



Don't be afraid to ask the doctor questions if you don't understand everything

## I think I may have coronavirus because I have these symptoms:



**COUGHING**



**HARD TIME  
BREATHING**



**FEVER**



**HEADACHE**



**CHILLS**



**REPEATED  
SHAKING  
WITH CHILLS**



**MUSCLE  
PAIN**



**SORE  
THROAT**



**NEW LOSS OF  
TASTE OR SMELL**

I also have these symptoms:

## Have you been near a person with coronavirus?

**YES**

**NO**

**I DON'T KNOW**



**Is there a doctor that should be contacted with your results or for follow-up?**

**DOCTOR'S NAME:**

**PHONE NUMBER:**

**E-MAIL:**

This form is to help me better communicate with you, my doctor.  
 Thank you for taking care of me today.

### INFORMATION ABOUT ME AND DECISION MAKING

**FULL NAME:**

**ADDRESS:**

**MY PHONE NUMBER:**

**NAME OF EMERGENCY CONTACT:**

**PHONE NUMBER FOR CONTACT:**

I can make my own decisions about my health care:    Yes    No

If no, this is who assists me in making decisions about my health care:

This person is my:    Family    Caregiver    Other

To contact this person, please call:

I live:    By myself    With my family    With my caregiver    With roommates  
           In a group home    Other

### SOME WAYS YOU CAN HELP ME STAY CALM AND BETTER UNDERSTAND

Talk slowly	Pictures help me:	Yes	No
Write it down	Bright lights bother me:	Yes	No
Use sign language	A lot of noise bothers me:	Yes	No
Use a voice app			
Talk to my caregiver too			
Other			

Describe the reason for your appointment (include your symptoms): <!-- Genera-

Do you have any medical problems that you go to the doctor for?    Yes    No  
 What are they?

Do you take any medication at home every day?    Yes    No  
 By prescription?    No  
 Yes, list the names and dosages

Over the counter?    No  
 Yes, list the names and dosages

Do you have allergies to medicines?    No  
 Yes, list