



Phone 847-870-8955
 Fax 847-770-4458
 Email AbsoluteHealthClinicOnline@gmail.com
 Web AbsoluteHealthClinicOnline.com

PATIENT INTAKE FORM FOR COVID

Date: _____
 Name: _____ Date of Birth: _____
 Address: _____ Phone: _____
 _____ E-mail: _____
 Insurance: _____ Insurance ID _____ Insurance Group # _____

Have you experienced the following symptoms?

	No	Yes	When
Fever greater than 100.4F			
Chills			
Muscle/Body aches			
Runny nose			
Congestion			
Difficulty breathing			
Cough			
Fatigue			
Nausea/vomiting/diarrhea			
Sore throat			
Headache			
New loss of taste/smell			
Have you traveled internationally in the last 3 weeks?			
Have you been in contact with anyone with confirmed COVID-19?			
Have you been in contact with anyone with suspected COVID-19?			

Results communication (please check only one):

Please, schedule a follow up appointment to discuss the results

I agree to receive my results by email even if this method is not HIPAA protected

I prefer to be contacted by phone with my results and voicemail may be left

WARNING: If you are experiencing severe symptoms such as severe shortness of breath, continuous pain or pressure in the chest, persistent fever greater than 102°F, slurred speech, or coughing up blood, please seek emergency medical attention immediately.

Patient Signature: _____

If you currently have no insurance, please sign below to certify:

Under penalty of perjury, I certify that I DO NOT have health insurance coverage _____

Absolute Health Clinic, SC
 1655 N. Arlington Heights rd, suite 101w Arlington Heights, IL 60004



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Dear Patient:

You were tested today for SARS-CoV2, NAA (Active Covid-19 Virus).

Your results will be available in 48-96 hours, depending on the lab back log.

You will be notified of the result via the method you indicated on the intake form.

Your results will be reported as:

“Detected/Abnormal” – You currently have the Covid-19 Virus. If you have no symptoms, you must quarantine for 10 days at home. If symptomatic, please report to your family physician or local ER for treatment options. Should you need a Negative test in order to return to work, you must repeat the PCR (nose swab) test after 10 days of quarantine.

“Not Detected/Normal/Negative” – ACTIVE Covid-19 Virus is not detected. **You MUST follow up with our office in 10 days from the testing date (we will schedule you) in order to complete a Covid -19 Antibody test.** When testing is negative, the possibility of a false negative result should be considered in the context of a patient’s recent exposures and the presence of clinical signs and symptoms consistent with Covid-19. An individual without symptoms of Covid-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in the initial assay.

In the meantime while results are pending, it is important to self-isolate in order to prevent others from getting sick. Monitor your symptoms and seek emergency medical care if they worsen and/or you experience difficulty breathing.

Should you have any further questions, please feel free to reach out to our clinic or ask onsite staff. Further info can be found at www.cdc.gov/coronavirus

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