

# Deyong's Eye World

1009 St. Georges Avenue  
Colonia, NJ 07067  
732-634-8600

Patient Questionnaire

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: Month/Day/Year \_\_\_\_\_

Are you experiencing a cough, shortness of breath, or any trouble breathing?

Yes \_\_\_ No \_\_\_

Do you have a fever? Yes \_\_\_ No \_\_\_

Have you travelled outside of your hometown in the past two weeks?

Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_

Have you been tested for the COVID-19 virus? Yes \_\_\_ No \_\_\_

Have you been in contact with anyone who has been tested for COVID-19?

Yes \_\_\_ No \_\_\_