Physiothery's qestionnaire

Please fill it up with capital letter and sen ti us by e-mail:

rehab@emineo.hu

Name: e-mail address:

Did you have any symptoms below list within 48 hours?

fever dry cough brethlessness causless tiredness

yes yes yes yes

no no no no

If you answer "yes" any pissibilities, unfortunately we cannot welcome to you at us. Please call us in this case and we give you a new appointment.

Had you below symptoms collectively within 48 hours?

Headache, muscle-, joint pain, sore throat:

yes

no

If you answer "yes" unfortunately we cannot welcome to you at us. Please call us in this case and we give you a new appointment.

Was decree official quarantine in the last 14 days?

Yes

No

If you answer "yes" unfortunately we cannot welcome to you at us. Please call us in this case and we give you a new appointment.

Date:

Signature: