

PRE-SURGICAL PATIENT SYMPTOM and ACTIVITY MONITORING

Name: _____ Contact _____ number: _____ Surgeon: _____

Instructions

- Utilize this form to record your daily symptoms
- Use a “Y” for yes and “N” for no to indicate whether you have these symptoms
- Use a thermometer to take your temperature if available or track symptoms of an elevated temperature such as feeling warmer than usual, flushed, or chills.
- If you, or someone you have been in contact with, develop any of the symptoms on the form, or you need further evaluation, please contact your Surgeon.

Date:	Day 1		Day 2		Day 3		Day 4		Day 5	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Time of check:									
Fever $\geq 100.4^{\circ}\text{F}$ (or symptoms of elevated temp)										
Cough										
Shortness of breath										
Muscle aches or fatigue										
Self-Isolating and Physical Distancing?										

Date:	Day 6		Day 7		Day 8		Day 9		Day 10	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Time of check:									
Fever $\geq 100.4^{\circ}\text{F}$ (or symptoms of elevated temp.)										
Cough										
Shortness of breath										
Muscle aches or fatigue										
Self-Isolating and Physical Distancing?										

	Day 11		Day 12		Day 13		Day 14	
Date:								
Time of check:	AM	PM	AM	PM	AM	PM	AM	PM
Fever $\geq 100.4^{\circ}\text{F}$ (or symptoms of elevated temp.)								
Cough								
Shortness of breath								
Muscle aches or fatigue								
Self-Isolating and Physical Distancing?								