



Assessment: Black Doctors COVID-19 Consortium Coronavirus Testing Request Form:

Raw Score for this Application: 76 out of 34 - 223.52941176471%

Q1. Please enter the following: First Name, Last Name
Gayle Link

Q2. Please enter the following: Email
Email:

Q3. R.E.A.L. will protect your information. Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between HHSN and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to verify your medical information is accurate and determine the type of medical supplies or health care services you need.

YES, I Agree for R.E.A.L to use my Information

NO, I do not agree

Q4. Phone Number:
4045438300

Q5. Age:
21

Q6. Date of Birth MM/DD/YYYY:
03/13/1990

Q7. Gender:
Female:
Male:
Prefer not to say:

Q8. Do you have Health Insurance? Health Insurance IS NOT required, but if you have coverage we need to know.
YES
NO

Q9. If you answered "YES" above, please list: Health Insurance Company, Address, Policy Number, Phone Number:
University Stuff

Q10. Ethnicity
Black
White
Hispanic
Asian
Other

Q11. When did your symptoms begin MM/DD/YYYY?
10/02/1700

Q12. Symptoms (check all that apply):
Cough
Shortness of Breath
Sneezing
Fever
Loss of Smell
Loss of Taste
Diarrhea
Tiredness or Fatigued
Sore Throat
None

Q13. Other Symptoms / More information about Symptoms
Input

Q14. Have you been around someone who tested positive for coronavirus or thought to be positive?
YES
NO

Q15. If you answered "yes" above, who was the person (family member, co-worker, etc.)
Input



Q16. Do you have other medical problems?

HTN

DM

Cancer

Kidney Disease

Auto Immune Disease

None

Q17. Any other other Medical Problems / More Information on Medical Problems:

Input - yep

Q18. DISCLAIMER: You agree and affirm that you will not hold REAL Concierge Medicine or Black Doctors COVID19 Consortium liable for any issues associated with your testing and or test results and subsequent treatment or care you receive from another facility or ambulance.

YES

No