

Dear COVID Long-hauler,

Congratulations on receiving your first stellate ganglion block injection, and thank you for completing several questionnaires regarding your symptoms before you received treatment.


In order to track your progress, we ask that you complete the same questionnaires at our HIPAA-compliant online portal according to the schedule below. If you are unable to complete these forms online, please inform our staff so that we can provide you with paper copies to fill out and return to us.

Please complete the questionnaire tomorrow (1 day after your first injection).

After you receive your 2nd stellate ganglion block injection, please complete the questionnaire on days 1, 3, 5, 7, and 14, then at 1, 2, and 3 months (relative to your 2nd injection date).

To access these forms you can go directly to: www.neuroversion.com/longhaulcovid19

Or, go to our home page, www.neuroversion.com. Then navigate to our Long Haul COVID-19 page:



The screenshot shows the Neuroversion website header with the logo and tagline "Break the cycle of pain". The address is 2925 Debarr Road, Suite 240, Anchorage, Alaska 99508, and the phone number is (907) 339-4650. A "Patient Portal" button is in the top right. The navigation menu includes HOME, COVID-19 (highlighted with a green box and labeled "1."), PATIENTS, OUR PROVIDERS, SERVICES, ABOUT, CONTACT, and CAREERS. A dropdown menu under COVID-19 shows "Vaccine FAQ" and "Long Haul COVID-19" (highlighted with a green box and labeled "2."). Below the menu is a red banner with the text "Important information regarding COVID-19 HERE Vaccine FAQ HERE".

Here you will find online questionnaires:

Long Haul COVID-19 Treatment

We will be updating this page with more information regarding treatment for Long Haul COVID-19 symptoms.

If you have started and/or currently receiving treatment, below are the online HIPAA compliant forms to complete after your injections.

1 Day After FIRST Injection

1 Day After SECOND Injection

3 Days After SECOND Injection

Select the appropriate questionnaire:

1 Day After FIRST Injection

1 Day After SECOND Injection

3 Days After SECOND Injection

A new window or tab will open on your browser with the questionnaire:

Long Haul Covid-19 | Neurovers | Forms

forms.myupdox.com/#/form/89440

updox

Long Haul Covid-19 | 3 Days After 2nd Injection

First Name: *

Last Name: *

Date of Birth: *

MM/DD/YYYY

Today's Date: *

MM/DD/YYYY

Rate the following symptoms: 0 - did not have, 10 - most severe

You will be required to complete every field on the form, and provide a signature. Once you have completed the form, click on the submit button:

Long Haul Covid-19 | 3 Days Post 2nd Injection will be submitted to Neuroversion

Submit

You will not be able to submit the form if a required field is missing.

Once you click on the submit button, wait until the page refreshes to indicate success:



Success

Long Haul Covid-19 | 3 Days After 2nd Injection has been successfully submitted to Neuroversion

Return to form

You have now successfully completed and submitted your questionnaire. Thank you for giving us the opportunity to improve your treatment!