



Covid - 19 Additional Intake questionnaire

Due to the infectious nature of COVID - 19 this additional intake form must be completed before each Therapy session.

Please know that people with COVID - 19 can be asymptomatic and still be contagious.

There is no way to completely protect ourselves from the virus.

Please ask for the checklist of precautions to see how I am disinfecting my patient areas between each session. Please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

Testing Status:

1. Have you been tested for COVID? or the antibody?
2. When? What were the results?

Symptoms:

3. Are you experiencing symptoms of a fever?

Temperature reading:

Cough?

Sore throat?

Shortness of breath?

Sudden loss of taste and smell?

Fatigue?

Chills?

Nasal or sinus congestion?

Sudden onset of body aches?

New rash or other skin changes?

Have you been doing regular cardio exercise?

Do you promise to contact me immediately if you or anyone in your household develops symptoms associated with COVID-19n within 7 days of your treatment?

If anything changes between now and your appointment time, do you promise to inform me before your appointment date?

Exposure:

4. Are you aware of having been exposed to someone with COVID -19 or anyone who has been exposed to someone with COVI - 19?
5. Have you done any air travel, domestic to international recently?
6. Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any group of people where social distancing was not observed?

Precautions:

7. What precautions have you taken to limit your exposure to the virus?
8. Do you spend time around anyone considered high risk, such as elderly with co - morbidities or immunocompromised family members?

Requested Action:

9. Are you willing to wash or sanitise your hands on entering my premises pre and post treatment?
10. Are you willing to wear a face mask at all times on my premises during the session?

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration

Client Signature _____ Date _____