

## **COVID-19 Health Questionnaire and Consent Form**

As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19 at any time or in any place. Be assured Moving Into Harmony will always follow state and federal regulations and disinfection protocols to limit transmission of all diseases in our office and continue to make our office a safe space for your health and well-being.

Despite our careful attention to sanitation, disinfection, and use of PPE, there is still a chance that you could be exposed to an illness in our office, just as you might be at the gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to maintain social distancing in our office, due to the nature of the services we provide, it is not possible to maintain social distancing between you, as our client, and your service provider for the entire time you are in our office.

Do you understand the above statements, and accept the risks explained by consenting to services provided in our office? \_\_\_Yes \_\_\_No

According to the Guidelines from the US Center for Disease Control, Moving Into Harmony is encouraged to screen client for signs of respiratory illness before each visit. We ask that you correctly and truthfully answer the following questions to the best of your knowledge.

By checking this box you agree to answer the following questions:

Are you experiencing any of the following symptoms?

- Severe difficulty breathing (deeply struggling for breath, can only speak in single words)
- Severe chest pain
- Difficult time waking up
- Feeling confusion
- Loss of consciousness
- I am not experiencing any of the above symptoms.

Please check the box if you have experienced ANY of the these symptoms within the last 14 days:

- Fever
- Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell
- New rashes or lesions
- I have not experienced any of the above symptoms in the last 14 days.

Are you experiencing any of the following symptoms not directly related to a known cause? (i.e., arthritis, allergies or recent injury, etc.)

- Muscle aches
- Fatigue
- Headache
- Sore throat
- Runny nose
- I am not experiencing any of the above symptoms. (please continue to back page)

Have you traveled outside the state of Oregon within the last 14 days? \_\_\_Yes \_\_\_No

Within the last 14 days, have you traveled outside of the country? \_\_\_Yes \_\_\_No

In the last 30 days, have you been in contact with someone who is sick with respiratory symptoms? \_\_\_Yes \_\_\_No

*(Respiratory symptoms include fever, cough, difficulty breathing)*

In the last 30 days, have you been in contact with someone who has been diagnosed with COVID-19, or has any health department or healthcare provider been in contact with you and advised you to quarantine? \_\_\_Yes \_\_\_No

**\*\* I understand that if I have answered yes to any of the above questions, I will be required to reschedule today's appointment.**

I acknowledge that I will follow Moving Into Harmony's COVID-19 Protocol during my visit at the clinical office. This includes wearing my mask, practicing thorough hand hygiene as set forth by the Centers for Disease Control and Prevention, and any other safety measures Moving Into Harmony deems appropriate for my health. \_\_\_Yes \_\_\_No

I understand there is a risk of coming into contact with COVID-19 during my visit at Moving Into Harmony despite following the protocols by state and federal health agencies. \_\_\_Yes \_\_\_No

I acknowledge I will not hold Moving Into Harmony liable if I come into contact with COVID-19 and/or get sick following my visit at Moving Into Harmony. \_\_\_Yes \_\_\_No

Name : \_\_\_\_\_

Telephone Number : \_\_\_\_\_ Mobile? \_\_\_Yes \_\_\_No

Email Address : \_\_\_\_\_

*(your email will not be used for promotional purpose from this questionnaire)*

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name of service provider seen today : \_\_\_\_\_.