



Pre-appointment Health Questionnaire

This questionnaire is mandatory for each client. You will be asked to sign and verify that each statement is negative at the beginning of your in-person appointment. Please review them no more than 24 hours before attending. If the answers to any of these questions change to yes, up to the start of your scheduled appointment time, please notify me and your appointment may be changed without penalty.

- Have you had any of the following symptoms in the last seven days: fever or chills, cough, sore throat, shortness of breath, nausea, vomiting, diarrhea, or any other flu-like symptoms?
- In the past week, have you been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with fever, cough, shortness of breath, nausea, vomiting, diarrhea, flu-like symptoms, or a diagnosis of COVID-19?
- Do you, in your place of employment or elsewhere, regularly come into contact with any specimen or contaminants containing, or possibly containing COVID-19?
- Is there a reason to believe you might be a carrier of or infected with COVID-19 at your appointment today? If yes, please disclose and discuss with your provider before entering your appointment. It is still possible to change your appointment to telehealth for safety.