

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that for the safety of the practitioner and other patients, ***all persons in Harmony Acupuncture must wear a face mask***. Due to a worldwide shortage of medical masks, I ask that patients bring their own from home. Homemade masks are acceptable.

**Please answer the following questions. Check all boxes that apply:**

Exposure to person with a lab-confirmed case of COVID-19 within the past 14 days

**In the last 48 hours, have you experienced:**

Fever over 100.5° F/38° C      Current temperature \_\_\_\_\_

New cough, shortness of breath, or difficulty breathing

New loss of sense of smell or change in taste

***If you check any of the boxes above, unfortunately I cannot treat you at this time. I will be happy to offer a telehealth consult, and/or refer you to an appropriate facility.***

**In the last 48 hours, have you experienced any of the following**

New changes in skin (rash, skin discoloration, discoloration of toes)

New chills, feeling cold, or shivering

New headache

New fatigue

New sore throat

Nausea/vomiting

Diarrhea

New nasal congestion

New body or muscle aches

***These symptoms can be related to many different conditions (i.e. allergies, food poisoning, migraines) Please explain any known reasons for the above.***

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I acknowledge that the information provided above is correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: (please print name on this second sheet in case pages become separated:

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While on the premises of Harmony Acupuncture, I agree to:

Please Initial:

- \_\_\_\_\_ Maintain a distance of six (6) feet from other persons whenever possible.
- \_\_\_\_\_ Wear a face mask, and to not remove the mask except when directed by staff.
- \_\_\_\_\_ Wash my hands for 20 seconds upon arrival and after my treatment, before and after using the restroom, and to maintain hand hygiene at other times by using hand sanitizer, or washing for 20 seconds.
- \_\_\_\_\_ To practice proper cough & sneeze etiquette by coughing/sneezing into my elbow, and to give warning to others if I am about to cough or sneeze, so that they can maintain a safe distance.
- \_\_\_\_\_ Remain in areas designated for my visit, and to not wander about the facility.
- \_\_\_\_\_ Immediately notify Christie Savage of Harmony Acupuncture at 434-242-8305 if I develop symptoms of COVID-19 within fourteen (14) days of my last visit.