

COVID-19 Intake Questions

1. Have you been tested for COVID-19? If so, when? What was the result?
2. In the last 14 days:
 - a. Have you been in contact with anyone who has been diagnosed with COVID-19 or has had coronavirus-type symptoms?
 - b. Have you been asked to self-isolate or quarantine by a doctor or local public health official?
 - c. Have you been somewhere with a high infection rate?
3. Do you now, or have you recently experienced any of the following as a NEW PATTERN since the beginning of the pandemic (X any current symptoms):

- | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Persistent Chest Pain or Pressure |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Skin marks, lesions, or rashes (especially on the feet) |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sudden onset of muscle soreness (not related to a specific activity) |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Discomfort with exertion or exercise |
| <input type="checkbox"/> Nasal, sinus congestion | |
| <input type="checkbox"/> Loss of sense of taste or smell | |

4. If you tested positive for COVID-19 or believe you may have had COVID-19 but were not tested:
 - a. Has your medical doctor cleared you to return to work or to end self-isolation?
 - d. Are you taking any drugs to manage blood clotting?

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive a massage and/or facial from this practitioner. I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information regarding my health relevant to COVID-19.

Signature: _____

Date: _____