Additional Intake Form – COVID-19

Due to the pathogenic nature of COVID-19, I am now requiring this additional Intake Form be completed prior to each client's service. This form can be instrumental in aiding in the safety of clients and staff.
The CDC states that persons may be asymptomatic while still testing positive for the virus.
I ask that you answer each of the questions below as accurately as possible.

Testing Status:

1. Have you been tested for COVID? _____Yes _____No
   If yes, When_____ results_____
2. Have you been tested for the antibody _____Yes _____No
   If yes, when_____ Results_____

Symptoms:

Are you experiencing any of the following?

Fever
Cough
Sore throat
Shortness of breath
Sudden loss of taste and smell
Chills
Sudden onset of body aches
Runny nose

Exposure:

Are you aware of having been exposed to someone with COVID-19 or have you been contacted by the Dept. of Health or a Tracker telling you that you have been
exposed to someone who tested positive for covid-19
If yes: Date of Exposure or notification
Follow up:

Have you had recent (past 21 days) exposure to a nursing home/long term care facility or hospital/health facility?
If yes: Date of exposure

Have you traveled to a foreign country in the past 3 months, had air travel, domestic or international, cruise ship travel or been anywhere with a high infection rate?
If yes: Dates of travel.
Was quarantining issued after travel

Do you have close contact with someone who may have answered yes to the previous questions?

If so, please explain your contact and whether they have been practicing social distancing or were quarantined after their travel

Do you work in a high-risk area where there is a greater number of COVID-19 cases?

(such as New York or New Jersey)

If yes, what precautions are you doing to protect yourself?

Precautions:

Are you practicing Social Distancing?

Are you or do you spend time around someone considered to be high risk for the virus?

(High risk: immunocompromised, elderly, co-morbidities or spending time around younger children)