

Practice Member Advisory and Acknowledgment*

Receiving Chiropractic Care During the COVID-19 Pandemic



Dear Practice Member:

You have presented to the office today to receive chiropractic care and have chosen not to postpone this care until the current COVID-19 risk abates. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of COVID-19 virus, we cannot make any guarantees.

In order to reduce the risk of spreading COVID-19, we are asking you a number of "screening" questions below. For the safety of our chiropractors and staff, please be candid in your answers.

-
- Are you currently awaiting the results of a COVID-19 test? YES NO
- Have you had a fever recently? YES NO
- Do you have any shortness of breath? YES NO
- Do you have a dry cough? YES NO
- Do you have a runny nose? YES NO
- Do you have a sore throat? YES NO
- Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies? YES NO
- Have you experienced headaches, fatigue or weakness? YES NO
- Have you lost the sense of taste and/or smell? YES NO
- Within the last 14 days, have you travelled to any known COVID-19 hotspots? YES NO

If so, where? _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Temperature(s) _____ / _____ / _____

SFCC staff signature _____ Date _____

*** Subject to change at any time without notice. All care will be rendered at the doctors' discretion.**