# A Healing Trail Wellness Center
## COVID-19 Intake Form Addendum

**To best protect the health of our staff and all of our clients!**

NAME: _____ DOB _____
(Please print)

Please **POSTPONE** your appointment to CT phase 3 or 4 for ANY of the reasons below:

**YES or NO** – Did you attend a holiday gathering with people outside your household? If YES, please postpone your appointment for 14 days.

**YES or NO** – Are you in any of these high risk groups for Covid-19? (Asthma; Chronic Kidney, Liver, Heart or Lung disease; Diabetes; Cancer diagnosis; Immunocompromised in any way; Severe Obesity; Blood or Blood Clotting Disorders; Pregnant)

**YES or NO** – Have you, or anyone in your home, traveled by plane, train or ship and/or stayed overnight away from your home within the last 14 days?

**YES or NO** – Have you, or anyone in your home or workplace, tested positive, or are they waiting for a test result, for Covid-19?

Please check if you are experiencing any of the following as a new pattern since the beginning of the pandemic:

__ Fever __ Chills __ Cough __ Sore throat __ Diarrhea, digestive upset
__ Nasal, sinus congestion __ Loss of sense of taste or smell __ Fatigue
__ Shortness of breath __ Rash or skin lesions (especially on the feet – "Covid toes")
__ Sudden onset of muscle soreness (not related to a specific activity)
__ Any new discomfort with exertion or exercise

__ Other (please explain) _____

"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 massage or acupuncture from this practitioner."

I understand my contact information will be provided to health department tracers in the event anyone diagnosed with Covid-19 is ever traced to having had an appointment at our office.

I declare that the information provided above is true and accurate to the best of my knowledge and that I have read the list of new COVID office protocols for A Healing Trail.

Signature _____ Date _____