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 – Have you attended any 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?

YES or NO – Have you recovered from a Covid-19 infection? Date of onset: _____

YES or NO – Have you received your Covid-19 vaccine? 1st dose _____ 2nd _____

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 _____