Huntington Chiropractic

Teresa H. Fujimoto Professional Corporate

COVID-19 PRESCREEN FORM

Please select the type of your request:
Patients may be limited into the office in order to support physical distancing rules.

New Patient Inquiry Current Patient Inquiry

Name: _____

Phone Number: _____

Email: _____

Have you traveled internationally in the last 14 days?

If you answer yes to this question, you are legally required to self-isolate for 14 days from the date of your arrival back into Canada before submitting a request for chiropractic care.

- ☐ Yes
- ☐ No

Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use).

If you answer yes to this question, you will be required to self-isolate for 14 days from the time of exposure before submitting a request for chiropractic care.

- ☐ Yes
- ☐ No

Do you currently have any of the symptoms of Covid-19?

If you have any of the following symptoms, you are not eligible for chiropractic care at this time. Immediately self-isolate and follow COVID-19 instructions found on the www.alberta.ca website.

- ☐ Fever or Chills
- ☐ Headache
- ☐ Muscle or Joint Aches
- ☐ New or changed Chronic Cough
- ☐ Sore Throat or Painful Swallowing (unrelated to a known/pre-existing condition)
- ☐ Runny or Stuffy Nose (unrelated to a known/pre-existing condition)
- ☐ Shortness of Breath or Difficulty Breathing (unrelated to a known/pre-existing condition)
- ☐ Feeling unwell in general, new fatigue or severe exhaustion
- ☐ Nausea, Vomiting, Diarrhea or unexplained Loss of Appetite (Gastrointestinal symptoms)
- ☐ Loss of Sense of Smell or Taste
- ☐ Conjunctivitis, commonly known as Pink Eye
- ☐ I do NOT have any COVID-19 symptoms

I have provided full disclosure of all information. I understand if, upon arrival at the clinic, I have not disclosed any symptoms or have acquired new symptoms since booking my appointment, I will be asked to leave and self-isolate.

Signature of Patient: _____ Date:_____

Signature of Pre-screener: _____ Date: _____