

COVID-19 Health Information and Informed Consent Update

Client Name: _____

Date: _____

This document is an update to the COVID-19 Health Information and Informed Consent Form completed and signed at your initial therapy session intake. All consents from the initial form remain in place. The purpose of this form is to update any possible exposure risk to the Covid-19 virus.

Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now have, or have you recently had, any respiratory or flu-like symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you traveled anywhere outside of the state in the last two weeks? Yes No

Location: _____

5. Have you had a new loss of sense of taste or smell? Yes No

The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

6. Can you exercise to get your heart rate and respiratory rate up without any problem? Yes No
7. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes No
8. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes No

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____