

# Post Covid-19 Safety and Guidelines

Please read, initial/sign the paperwork below at least 24 hours prior to your appointment.

To maintain as safe an environment as possible, I am booking one patient at a time at intervals of an hour with a 30 minute buffer. I am disinfecting before AND after every patient.

Please arrive no more than a few minutes before your appointment so that the patient prior to you can leave, and I can disinfect the office before your entry. If for some reason the prior client is still in session at the time of your arrival, please remain outside in your vehicle until instructed to come in.

Upon your arrival, you will wash your hands for at least 20 seconds and then go directly to your treatment room.

Please note that for the safety of myself, yourself and other patients, all persons coming into the office must wear a face mask and keep it on throughout the visit.

I will also be wearing a mask. Due to a worldwide shortage of medical masks, we ask that patients bring their own from home.

A note on Face masks from the University of Maryland, Medical Center:

Some people who have coronavirus are asymptomatic, meaning they have no symptoms. Some with the virus have no symptoms but will go on to develop coronavirus symptoms; they are considered pre-symptomatic. Studies have shown that asymptomatic or pre-symptomatic people are potentially contagious and can unknowingly infect others. Wearing a face mask may reduce transmission and keep people who are asymptomatic or pre-symptomatic from infecting others.

For payment, I can manually enter your credit card, and we should be able to keep it on file so there does not need to be multiple people touching the merchant machine. E-transfer to contactus@noallergiesplease.com is also accepted. Online payments can also be made via credit card/paypal prior to your appointment via this booking system.

You can access all consent/intake forms directly via this link (if you prefer to print, complete & drop-off):  
<https://www.noallergiesplease.com/new-client-forms/>

**While on the premises I agree to (please check): (check all that apply)**

- Maintain a distance of six (6) feet from other persons whenever possible
- Wear a face mask
- Wash my hands for 20 seconds when entering AND leaving the office
- To practice proper cough & sneeze etiquette by coughing/sneezing into my elbow and to give warning to others if I am about to cough or sneeze so that they can maintain a safe distance
- Remain in areas designated for my visit

I will immediately notify you if I develop COVID-19 symptoms within 14 days of my last visit.

**In the last 14 days, have you experienced: (check all that apply)**

- New Fever
- New cough
- Worsening of chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting/diarrhea/abdominal pain
- Pink Eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause (ie allergies/post nasal drip)
- None of the above

**If you are 70 years of age or older, are you experiencing any of the following symptoms: (check all that apply)**

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions
- None of the above

I understand if I have checked any of the symptoms above, that the practitioner cannot treat me at

- this time.

By entering my name and date(mm/dd/yyyy) below, I acknowledge that the information provided above is correct:

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