



Please complete this questionnaire prior to your treatment. This form will be kept in your file.

1. Do you have any of the following symptoms: fever, cough or any flu/cold-like symptoms, difficulty breathing, chest pain and generally feeling unwell
 YES NO
2. Have you traveled internationally within the last 14 days (outside Canada)?
 YES NO
3. Have you had close contact with a confirmed or probable COVID-19 case?
 YES NO
4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?
 YES NO

PATIENT SAFETY GUIDELINES & PROCEDURES (adopted from Canadian Chiropractic Association)

1. Patients are to wait outside of the clinic and will be allowed access only during their scheduled appointment times.
2. Patients only will be allowed access to the clinic. If someone has accompanied them, they will need to wait outside of the clinic.
3. Patients must have a face mask on when entering the clinic and while in the clinic. Gloves are recommended to be worn. If they do not have gloves, they will be asked to thoroughly wash and sanitize their hands.
4. Patients should limit the number of items brought into the clinic to bare minimums.
5. Patients will be required to review and sign a specialized consent form that verifies the answer to all COVID-19 screening questions is NO.
6. Patients will be required to use hand sanitizer on all areas of hands and wrist before entering the clinic and after treatment before leaving the clinic.
7. Patients should not touch their faces during their appointments.
8. If patients need to cough or sneeze at any point, they are to advise the practitioner as soon as possible and direct it into a tissue or their sleeve at the elbow. They will then be required to sanitize again.
9. Unless it is an absolute emergency, we ask patients not to use our washroom facilities.
10. Patients should at no time even during speaking, direct their faces towards practitioners, but instead away from them.

I certify that I have answered the questions truthfully and read the patient safety guidelines.

Name: _____

Signature: _____

Date: _____