COVID-19 Questionnaire

COVID-19 Pandemic – Patient Disclosures

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus. A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us. It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

Do you have a fever or above normal temperature? □ Yes □ No
Have you experienced any shortness of breath or had trouble breathing? □ Yes □ No
Do you have a dry cough? □ Yes □ No
Do you have a runny nose? □ Yes □ No
Have you recently lost or had a reduction in your sense of smell? □ Yes □ No
Do you have a sore throat? □ Yes □ No
Have you been in contact with someone who has tested positive for COVID-19? □ Yes □ No
Have you tested positive for COVID-19? □ Yes □ No
Have you been tested positive for COVID-19 and are awaiting results? □ Yes □ No
Have you traveled outside the U.S. by air or cruise ship in the past 14 days? □ Yes □ No
Have you traveled within the U.S. by air, bus, or train in the past 14 days? □ Yes □ No

If you answered yes to any of the above questions, please provide details below:
_____
_____

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

_____ _____
Patient Signature Date

Erin Houseknecht, D.C. | Jason Stugart, D.C.
Belmont Chiropractic, LLC
44115 Woodridge Pkwy, Ste 150
Leesburg, Virginia 20176
P: (571) 291-9359
Email: Belmont.Chiro.Clinic@gmail.com
Website: BelmontChiroClinic.com