Ridgefield Physical Therapy

COVID19: Letter to our patients and screening checklist for RPT

To our patient's and the Ridgefield community,

In compliance with the Center for Disease and Control, Ridgefield Physical Therapy will be implementing the following guidelines to help flatten the curve of COVID19.

For patients entering our clinic:

1. We require all patients to wear a mask or face covering when you are in our facility.
2. We ask that you wait in your car up to 5 minutes before your appointment and that you come alone to your visit, unless medically necessary or you are a minor.
3. As you enter our facility you will be asked a series of screening questions and asked to sign this checklist, once you have signed you are responsible for monitoring your temperature and symptoms.
4. After your screening you will be asked to either wash your hands or use hand sanitizer. Please do not wear gloves as this can cause cross contamination.

What our office is doing:

1.Staff are required to wear a mask and take their temperature daily and monitor symptoms
2.Continued disinfecting of all surfaces that staff and patients come into contact with
3.Regular handwashing
4.Spacing out appointments and limiting the number of people in the office/waiting area

Screening Checklist:

- In the last 72 hours have you experienced any of the following symptoms?
  - Cough
  - Shortness of breath or difficulty breathing
  - Fever
  - Chills
  - Sore throat
  - New loss of taste or smell
  - Joint/Muscle Aches
  - Headaches
  - Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.
- In the last 72 hours have you had close contact with someone who may have been or has been exposed to COVID19?
- Have you travelled to a high-risk location?

We thank you for your continued support and patience as we adapt to the ongoing changes. Protecting you and our staff is our top priority.

-The Ridgefield PT Team

By signing this form, you are acknowledging that it is your responsibility to inform us if you are experiencing any of the symptoms above during your care or have been in contact with someone with these symptoms.

Patient Signature: _____ Date: _____

Effective: 5/25/2020