COVID-19 PRESCREENING

To ensure the safety of all our clients and practitioners, we require everyone to arrive wearing masks, remove shoes, wash hands and have their temperature taken. We ask that you arrive alone and no earlier than 5 minutes before your scheduled appointment. At Manhattan Healing Center, we are making every effort to ensure a sanitary, safe space. All beds are sanitized after each client; linens are replenished after each use; bathroom is disinfected after each use.

Name:

Address:

Email Address:

Cell Phone:

For your safety and the safety of all our clients and practitioners, thank you for taking the time to answer all questions honestly and to the best of your knowledge. An answer of YES does not exclude you from treatment. Please answer YES or NO to each of the following questions: *

QUESTION	Yes	No
Do you have a fever or above normal temperature?	☐	☐
Have you experienced shortness of breath or had trouble breathing?	☐	☐
Do you have a dry cough?	☐	☐
Do you have a runny nose?	☐	☐
Have you recently lost or had a reduction in your sense of smell?	☐	☐
Do you have a sore throat?	☐	☐
Have you been in contact with someone who has tested positive for COVID-19?	☐	☐
Have you tested for COVID-19?	☐	☐
Have you been tested for COVID-19 and are awaiting results?	☐	☐
Have you traveled outside the United States by air or cruise ship in the past 14 days?	☐	☐
Have you traveled within the United States, by air, bus or train within the past 14 days?	☐	☐
Do you have a weakened immune system?	☐	☐
Are you currently undergoing treatment for cancer, such as chemo or radiation therapy?	☐	☐
Do you take steroids for any conditions? Examples of common steroids are Cortisone, Prednisone, Methylprednisone. Contact your physician or our office if not sure. Also, answer YES if unsure.	☐	☐
Do you have an autoimmune disease such as Lupus, rheumatoid arthritis, multiple sclerosis, or psoriasis?	☐	☐
Do you have diabetes?	☐	☐
If so, do you have to take insulin injections?	☐	☐
Do you have asthma or COPD?	☐	☐

Explain any YES answers in the box below:

Signature: By typing your name in the box below, you acknowledge that your answers you provided are true and accurate to the best of your knowledge and with the full understanding and disclosure of the risks associated with receiving care during the Covid-19 pandemic.You agree not to hold any entities of this office responsible for any future conditions that you may acquire related to Covid-19*