



Health Questionnaire

If you have been exposed to a communicable disease, you may spread the disease to the audiologist, audiological staff, or other patients/parents in the practice.

Therefore, Prior TO EACH APPOINTMENT, we will be asking the following questions to reduce the chances to transmission:

Do you or anyone accompanying you today's appointment or anyone you have recently been in contact with have any or the following symptoms?

Fever (defined as above 99.6 degrees)? Yes ___ No ___

Cough? Yes ___ No ___

Shortness of breath and /or tightness in the chest? Yes ___ No ___

Persistent pain, or tightness in the chest? Yes ___ No ___

Have you or anyone accompanying you to today's appointment or anyone you have recently been in contact with tested positive for has been diagnosed with covid-19 or any other communicable disease?

Yes ___ No ___

I understand that if the answer to any of these questions is **yes**, I will be asked to reschedule today's appointment to a later date

Patient Name: _____ Date: _____

Patient Signature: _____



Informed Consent Form

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to **COVID-19** also known as the “Coronavirus”, at this time we are asking all our patients to help us all stay healthy. We have put CDC guidelines in place for your safety, we ask that you come to your appointment alone, wear a mask, if you see more than 1 person in the waiting room that you go and sit in your car (we will come and get you).

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at the gym, grocery store or restaurant.” Social Distancing” nationwide has reduced the transmission of the virus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between patient, audiologist, and staff and sometimes other sometimes other patients at all times.

By signing below, you acknowledge these risks and consent to treatment.

Upon entering our office, each patient will need the Covid-19 Health Questionnaire completed (every time form).

Patient Name: _____

Patient Signature: _____

Date: _____

