Our patients and staff’s health and safety is of utmost importance to us. Wearing a face mask and social distancing is something we are requiring during your visit. We will not allow any children, companions, or family members to attend your appointment with you unless medically necessary.

Patient Name: ________________________________ Date: _____________

Temperature: (If applicable) : ____________________ (Cannot be greater than 100.0 degrees F)

Do you have any of the following symptoms?

- New Cough
- Shortness of Breath
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Generalized abdominal pain, nausea, diarrhea

If YES, patient or visitor will be sent home and directed to access additional care through Primary Care Physician.

Connecticut has travel restrictions requiring 14 day quarantine of visitors or returning residents from States with a daily new average of 10 percent or higher COVID-19 positive test rates over a rolling 7 day period. These States currently are: Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas and Utah.

Other Restricted States: (tbd) __________________________________________

Have you traveled to any of these states?  Yes  No  (If No- Patient is good to be treated)

If Yes, have you completed the 14 day self-quarantine?  Yes  No  (If Yes, Patient is good to be treated)

OR have you been COVID-19 tested with a negative result prior to the end of 14 day self-quarantine?  Yes  No  (If Yes, patient is good to be treated)

Pending or positive COVID-19 tests, symptomatic patients or patients that have not self-quarantine for 14 days from restricted States should be rescheduled

Patient signature: ________________________________ Date: _____________