

## CLIENT SYMPTOM QUESTIONNAIRE DURING COVID-19 PANDEMIC

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Prior to therapy session or client face to face meeting.

- Clinic Support Specialist or therapist asks if they have
  - a fever (100.4 is consider a COVID-19 symptoms)
  - $\circ$  cough
  - o shortness of breath or any difficulty breathing
  - respiratory infection
  - sore throat
  - muscle pain or body aches
  - o chills
  - upset stomach
  - headache
  - loss of sense of smell
  - have you in the past 14 days come into close contact (within 6 feet) with someone who has a tested positive for COVID-19?
  - face covering

In waiting room or home.

- Avoid Close Contact.....Separate by at least 6 feet.
- Wash hands before sessions, preferably for 20 seconds or longer.
- Clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a cloth face cover when around others.
- Cover coughs and sneezes.