FERRARO
Spine and Rehabilitation, PC

Chiropractic • Physical Therapy • Acupuncture • Nutrition • Wellness

The safety of our patients, employees, supplier partners, families and visitors remain Ferraro Spine and Rehabilitation, P.C.'s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only scheduled staff and patients are permitted at our facility at this time. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time. **Please complete all questions below.**

1. Have you recently traveled to an area with known local spread of COVID-19? (I.e. China, Iran, South Korea, Italy, Japan) **____Yes ____No**
2. Have you recently traveled by plane or boat (cruise ship)? **____Yes ____No**
3. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days? **____Yes ____No**
4. Have you recently had a fever (greater than 100.0) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing or sore throat? **____Yes ____No**
5. Do you suffer from any seasonal allergies during this time of year? **____Yes ____No**
    a. If yes, what are your common symptoms? Please check/circle all that apply or describe your condition:
    RUNNY NOSE SNEEZING COUGHING ITCHY / WATERY EYES OTHER (explain):
    _____
6. Are you a first responder, healthcare worker, or employee or attendee of a child or adult care facility?
    ____Yes ____No
7. Have you had any recent surgeries in the past week? **____Yes ____No, if Yes, explain:**
    _____
8. Have you been instructed by your PCP to self-quarantine? **____Yes ____No**

***Disclaimer for Patients*: Patients over the age of 60 are entering the office at their own risk, even if asymptomatic. If a patient has underlying medical issues including but not limited to diabetes, CHF, asthma, history of cancer and/or immunosuppressive therapy, all are at risk by retaining appointments and are advised to stay home should there be an exposure. Based on the answers you provided, current recommendations are to practice social distancing and watch for symptoms. If you are experiencing any symptoms, please contact your healthcare provider immediately. By signing below, I certify all information is true and correct to the best of my knowledge.**

_____ _____ _____

Patient Name (print) **Patient Signature** **Date**

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