

**Patient Advisory and Acknowledgement  
Receiving Mental Health Care and Related Assessments During the COVID-19 Pandemic**

Plum Tree Psychology follows guidelines to prevent the spread of the COVID-19 virus. We sanitize surfaces frequently. Our staff is symptom-free and, to the best of our knowledge, has not been exposed to the virus. Other patients entering this facility also report they are symptom-free and that they have not had contact with any known infected person for the past 14 days. Please **wear a face mask in the waiting room and restroom**. Please **wash your hands** and **use hand sanitizer**.

Please answer YES or NO. If you are a guardian, you only need to fill out one paper for you and your child.

**HEALTH SCREENING**

Do you have or have you recently had a FEVER or CHILLS?	YES	NO
Do you have any SHORTNESS OF BREATH?	YES	NO
Do you have a DRY COUGH or SORE THROAT?	YES	NO
Do you have a HEADACHE?	YES	NO
Do you have a RECENT LOSS OF TASTE OR SMELL	YES	NO
Have you or anyone in your household tested positive for COVID?	YES	NO
To the best of your knowledge, have you had contact with anyone who has had COVID in the past 14 days?	YES	NO

**ACKNOWLEDGEMENT OF RISK**

COVID-19 is a serious and highly contagious disease. You could contract it from a variety of sources. You or your provider may have the virus and not show symptoms and yet still be highly contagious. There is an elevated risk of you contracting the virus simply by being in spaces such as our office. I confirm that I have read the above notice and accept there is an increased risk of contracting COVID-19 by being in this office (as any other shared indoor space). I also acknowledge that I could contract COVID-19 from outside this office and unrelated to my visit here. I have read and understand the information state above.	Patient/Parent Initials
I agree to inform the office if I or my child develop(s) any of these symptoms or tests positive for COVID within the next two weeks.	Patient/Parent Initials

Temperature (TAKEN IN OFFICE)

PATIENT (child) NAME

Date

AUTHORIZED (parent) SIGNATURE

Date