Casbah SPA

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COVID-19 Patient Pre Assessment

Please Answer **"YES"** or **"NO"** to the following questions.

In addition, your practitioner will also be conducting a questionnaire at the beginning of your assessment. At the end of the questionnaire, you will determine if you have a POSITIVE or NEGATIVE COVID-19 screening. Positive screenings will NOT be admitted for in person appointments.

Were you are working and/or volunteering in a long term, continuing care home or affiliate facility for any period of time today?

YES ◯ NO ◯

Were you working and/or volunteering in any other Public Health Authority facility (not long term care) for any period of time today?

YES ◯ NO ◯

PLEASE READ CAREFULLY

Are you experiencing any of the following (Please circle all that apply):

A. Severe Difficulty Breathing (Eg. Struggling to catch breath, speaking in single words)
B. Severe Chest Pain
C. Feeling Confused
D. Loss of consciousness at any point
E. Inability to lie down due to difficulty breathing
F. Chronic health conditions that you are having difficulty managing because of your current respiratory illness
G. Short breath at rest
H. Having a hard time waking up
I. I am not experiencing any of these symptoms

Were you, or someone you live with or are close to, exposed to someone under investigation for COVID 19, or has been confirmed positive testing for COVID 19 within the last 14 days?

YES ◯ NO ◯

In the last 14 days, have you returned from international travel, or travel outside of British Columbia?

YES ◉ NO ◯

If you have answered 'YES' to any of the above questions, your COVID-19 SCREEN IS POSITIVE. Please reschedule your appointment to a time when you can confidently answer NO to all above questions. Cancellation Fees will be waived.

If you have answered NO to all of the above questions, YOUR COVID SCREEN IS NEGATIVE. We may proceed with an in-person treatment. For everyone's safety, things are going to look a little different.

PLEASE INITIAL THE FOLLOWING STATEMENTS:

I understand that I must be wearing a mask to enter Casbah Day Spa

INITIALS _____

I understand that I will be required to sanitize and/or wash my hands upon entering Casbah Day Spa

INITIALS _____

I understand that my practitioner reserves the right to refuse my entry or treatment within the facility based on my pre screening checklist and/or assessment before my appointment begins, regardless of a positive or negative screening result.

INITIALS _____

I understand that I am required to come to my appointment alone. If I require special assistance or a guardian, I will advise Casbah Day Spa BEFORE my appointment

INITIALS _____

I understand that this checklist provides basic information only and does not take the place of medical advice, diagnosis or treatment. A positive assessment result is not equivalent to a confirmed diagnosis of COVID-19

INITIALS _____

I understand that in the current environment of COVID-19 risk, any in-person treatment involves some risk of COVID-19 transmission

INITIALS _____

I understand that my practitioner is following a protocol to reduce or mitigate risk, but that risk cannot be reduced to zero

INITIALS _____

With all of the above information, I consent to treatment(s) at Casbah Day Spa,

despite some risk of COVID-19 transmission

INITIALS _____

I understand that it is my responsibility to advise my practitioner and/or Casbah Day Spa of any changes in my health, travels, or possible contact with, or symptoms of COVID-19. I understand my practitioner is instilling trust in my honesty in information provided in this survey.

Patient or Parent/Guardian Signature

_____

Patient Printed Name

_____