

# Bluestem Screening Policies & Procedures

## I. Preparing for your visit

Your safety is of utmost importance. Please read these office policies to ensure a safe environment for us and others in our community.

- If you have any symptoms, such as a cough or fever, please reschedule
- If a family member or a contact has these symptoms now or in the last 14 days please reschedule
- Please arrive on time, not early, to avoid use of the waiting room
- Please wear a mask if possible
- Please do not bring people with you unless we have made prior arrangements
- When you arrive please go into the open treatment room and wash your hands with soap and water. I'll meet you there.

## II. Clinic Preparations

You have come to our office today for a treatment that will be done during the COVID-19 pandemic. While our office complies with state and local directives and follows the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

Steps taken to prepare our clinic for your visit:

- Touchable items have been removed from the waiting room
- Chairs are six feet apart
- Hand sanitizer is accessible to patients
- Patient visits have been reduced to eliminate overlap and use of the waiting room
- Masks and gloves will be worn by the provider; proper hand washing used consistently
- All surfaces, tables, face cradles, door handles are disinfected between every patient visit
- All linens are washed after every patient and tables disinfected
- Provider will monitor her own temperature throughout the day
- Intakes have been shortened to reduce face to face time spent with patients.
- We may schedule a phone or video call for the intake portion of initial visits with new patients

## III. Screening Questionnaire

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

### ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?

- Yes
- No

### DO YOU HAVE A FEVER?

- Yes
- No

### DO YOU HAVE ANY SHORTNESS OF BREATH?

- Yes
- No

### DO YOU HAVE A DRY COUGH?

- Yes
- No

### DO YOU HAVE A SORE THROAT?

- Yes
- No

HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS?

- Yes
- No

DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?

- Yes
- No

HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?

- Yes
- No

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES? IF SO, WHERE?

I have read and understand the information contained in this form and I agree to these terms\*  
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Thank you!