FLOWING HEALTH
at WellPoint Center ~ 7214 Linden Ave N ~ Seattle, WA 98103 ~ tel: 425.485.6059
at North Creek Clinic ~ 18008 Bothell-Everett Hwy #F ~ Bothell, WA 98012 ~ tel: 425.485.6059

SCREENING QUESTIONS/CONSENT TO TREATMENT DURING THE ERA OF COVID-19

Please circle yes or no:

I have traveled by air in the last 14 days. **YES** **NO**

I have been exposed to a confirmed COVID-19 person in the last 14 days. **YES** **NO**

I have experienced one or more of the following in the last 7 days: cough, fever, shortness of breath, flu-like symptoms. **YES** **NO**

I have been in close contact with someone in the last 7 days who was experiencing one or more of the following: cough, fever, shortness of breath, flu-like symptoms. **YES** **NO**

One or more of the following applies to me: **YES** **NO**

I am in significant pain.
I am having significant dysfunction in my daily life or work due to my symptoms.
My symptoms are getting worse.
Without treatment today, my symptoms will likely get worse.

Although the clinic is taking as many precautions as possible to lower the risk of contracting COVID-19, I understand the risk is still there and I feel that my symptoms warrant treatment for today despite that risk. **YES** **NO**

Name:_____

Signed:_____ Date:_____