

Weston Psychcare P.A.

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Weston Psychcare is happy and grateful to serve you and your family during this challenging and unprecedented time. To ensure the continued health and safety of our facility and community, every person entering the office is asked to please answer the following questions before each visit:

Date: _____

Name (printed): _____

1. Do you have any of the following symptoms:

- | | | |
|-------------------------------|----|-----|
| a. New shortness of breath | NO | YES |
| b. Sore throat | NO | YES |
| c. Anosmia (loss of smell) | NO | YES |
| d. Cough | NO | YES |
| e. Fever over 100.4F or 38.0C | NO | YES |
| f. Difficulty breathing | NO | YES |

2. Have you or someone you live with lived/worked with known COVID-19 cases? NO YES

3. Have you or someone you live with recently traveled outside of the USA in the NO YES

last month?

- a. If YES, where / when: _____
Date completed 14-day quarantine: _____

If you answered **NO** to **ALL** questions **AND** have a temperature under 100.4 F, please enter and sanitize your hands.

Please maintain social distancing in the office: Do not shake hands, touch or hug individuals.

We disinfect all patient surfaces after each appointment. If you answered **YES** to **ANY of the questions or have a temperature over 100.4F**, we cannot see you for your appointment until you have either had a full 14-day self-quarantine and/or seek medical attention if necessary.

Signature of patient or guardian: _____

Thank you for continuing to prioritize you and your family's health and well-being, especially during this time.