



COVID-19 Pandemic - Patient Disclosures

This patient disclosure form seeks information from you (the patient/ or Legal Guardian), which we must consider, before making treatment decisions in circumstances of the COVID-19 virus.

In order to protect you, our staff, and other patients and their families, this form completion is imperative, so that Asheville Physical Therapy (APT) can follow CDC and Buncombe County recommendations/guidelines, ensuring APT protocols are implemented in consideration of COVID-19. It is very important that you disclose to APT any indication of having been exposed to COVID-19 in the last 14 days.

	YES	NO
Have you been tested for COVID-19, in the last 14 days? *If YES, please provide most recent date of testing: Date: _____		
Have you been in contact with someone, immediate family, friends, or same household who has tested positive for COVID-19 in the last 14 days? Or is awaiting results from COVID-19 testing? *IF YES, when was the Individual tested? Date: _____		
Do you have a fever or above normal temperature, 100.4F or higher?		
Have you experienced new symptoms of shortness of breath or had unexplained, recent trouble breathing?		
Do you have a dry cough or flu like symptoms (headache, runny nose, sore throat, body aches, fever, chills, nausea, vomiting, diarrhea)?		
Have you recently lost or had a significant reduction in your sense of smell and/or taste?		
Have you traveled inside or outside of the USA by air, bus, train, or cruise ship, depending on the place of travel, in the last 14 days? *IF YES, Date: _____ <ul style="list-style-type: none"> IF YES, CDC RECOMMENDATION: the individual must quarantine x14 days, OR have 2 negative COVID-19 test results, (with the 2nd test being the COVID-19 Antibody test). 		
*By Initialing by "YES", you are AGREEING TO ADHERE TO ASHEVILLE PHYSICAL THERAPY PROTOCOLS as listed below: *If Patient or Legal Guardian is planning for patient to continue with P.T. treatments during any of the listed scenarios, within a 14 day window of COVID-19 exposure: after recent travel, as referenced above, OR if has had direct exposure to COVID-19, OR suspect Positive COVID-19 test result, the Patient or Legal Guardian MUST call to notify/discuss with front desk staff, and email, fax, or scan copy of the COVID-19 test results, which confirms dates, shows negative or positive results, and IF POSITIVE, without symptoms, and still wanting/needing therapy within this timeframe, then a 2 nd test must be done to confirm True positive, or False positive, with COVID- 19 Antibody Test. Once COVID-19 Antibody test result, has been reviewed, by APT owner, then the patient may proceed with physical therapy. *In order to continue physical therapy, within the 14 day window, this protocol must be followed; Otherwise, appointments during this timeframe will need to be cancelled & rescheduled. This is a safety measure and is in keeping with APT protocols, guided by CDC and Buncombe County Health and Human Services).		
(Reiteration) (By initialing by "YES", you are agreeing to adhere to & follow the protocols set forth by Asheville Physical Therapy, as listed in this Patient Disclosure Form) * If a patient has no symptoms, but patient's COVID-19 test is POSITIVE, a copy of the positive result, must be emailed, faxed or scanned to APT, so that the 10 day window of isolation can be confirmed, before returning for physical therapy. An option: The 2nd test- COVID-19 Antibody test, CAN BE OBTAINED BY YOUR PHYSICIAN, PROVING a potentially FALSE POSITIVE test result, then PT appointments would not need to be cancelled).		

I fully understand and acknowledge the above information and have disclosed this information to my healthcare provider/ staff at APT, who are essential workers and working to provide needed care, during this COVID-19 pandemic.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Patient signature (18 yrs or Older)/Legal Guardian

Date

Witness

Temperature (patient)