

Branches of Wellness Acupuncture

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branchesofwellnessacupuncture.com

Covid-19 Office Procedure Agreement for Patient and Staff

- 24 hours before your appt., we will pre-screen you for symptoms
- Virtual Waiting Room: Please wait in your car rather than our office before your appointment time. We will call you when the previous patient has left the office. We will open the door for you.
- **Patient must wear own mask**
- We will provide hand sanitizer as you enter the office
- We will open and close all doors for patients (except bathroom), to reduce patient contact with surfaces
- We will increase ventilation by opening windows
- We will clean with disinfectant between each patient
- We upgraded pillows with waterproof, cleanable covers
- Patient payment: preferred virtual terminal with credit card or Venmo
- Please minimize touching of surfaces
- We will stay 6 feet apart until treatment time. During your acupuncture treatment, Jenny will be wearing mask and wash hands appropriately before and after your treatment.
- We will maintain physical distancing and good personal hygiene in personal life
- Branches of Wellness Acupuncture will temporarily close the office, self quarantine, and seek Covid-19 testing if any staff has respiratory symptoms, fever, or other possible Covid-19 symptoms.
 - No returns on purchases at this time due to Covid-19
 - Please use your home restroom before appt. (ours is available if needed)
 - Avoid contact with ill individuals
 - Continue physical distancing in public and stay home if you are sick
 - When sneezing or coughing, cover your mouth and nose with a tissue, throw away tissue immediately
 - Wash your hands frequently and avoid touching your face
 - Practice healthy habits, such as exercising, managing stress, eating a nutritious diet, staying hydrated, and getting enough sleep 7-9 hours

Please answer the following questions:

Have you been exposed to Covid19 in the 30 days before your appointment?

YES_____ NO_____

Do you have current symptoms of headache, sore throat, respiratory symptoms, diarrhea, rash, fever? YES_____ NO_____

Have you tested positive Covid19 within the preceding 30 days of your acupuncture appointment? YES_____ NO_____

Have you or anyone among your close contacts (household members, friends, colleagues, etc) been in contact with Covid19 or tested positive?

YES_____ NO_____

Have you traveled in the past 30 days outside our county?

YES_____ NO_____

Please notify our office if you develop symptoms in the 14 days after acupuncture treatment. Initial_____

If you answered yes to any of these questions, please tell our office immediately and we will cancel your office appointment with no fee. We ask you to telehealth with Jenny instead of meeting in person. We will schedule this for you. This can be done via phone call, Zoom or Facetime. Please call your primary doctor or urgent care immediately if you have current symptoms.

Date: _____

Print name: _____

Sign name: _____

Office sign: _____