

# Acknowledgment of COVID-19

As you are probably aware, Coronavirus COVID-19 is a highly contagious virus that is spread from direct contact with any object and is also transmissible through the air from an infected person. By leaving your house you may have already been in contact with this contagious disease.

**The COVID-19 virus is easily spread and can cause permanent lung problems and even death.**

High Risk patients are recommended to stay at home at this time; however there are daily activities that are essential to your health and wellbeing. We highly recommend high risk patients avoid leaving your home unless necessary.

Healthcare services that may be essential for your health. At this time, we are committing our services to treat patients in pain and have taken extra precautions to minimize the spread of COVID-19.

**Feel free to ask for a copy of our Safety Procedure Guidelines which we can email you.**

The best general guidance will continue to come from the [California Department of Public Health](#), the [Centers for Disease Control and Prevention](#), and the [World Health Organization](#).

## **WARNING SIGNS / SYMPTOMS OF COVID-19**

- FEVER
- COUGH
- TIREDNESS
- DIFFICULTY BREATHING

## **HIGH RISK PATIENTS**

- OVER 60 YEARS OLD
- DIABETIC
- HEART DISEASE
- HIGH BLOOD PRESSURE
- ASTHMA & OTHER PULMONARY CONDITIONS
- UNDERGOING CHEMOTHERAPY
- IMMUNOCOMPROMISED

*By signing this form, I acknowledge that I may contract COVID-19 anywhere including this office and all the healthcare providers and staff harmless for any health-related conditions that may come from Coronavirus COVID-19.*

**Patient Name (PRINT):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guest Name (PRINT):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (PRINT):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_