

Treatment Request Application December 2020

Please copy and paste Q&A and email to: jess.f.woods91@gmail.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Primary complaint/ reason for requesting treatment: \_\_\_\_\_.

On a pain scale on 1-10, where 1 is mild to no pain and 10 is excruciating pain, what is the pain? \_\_\_\_\_

Has this issue caused you to require medical intervention such as hospitalization/ seeing family doctor to manage pain in the past 2 weeks? Yes or No

For exposure/ transmission risk assessment please fill out the following questions.

1. Do you have any existing condition(s) that causes you to be immune compromised? Yes or No, If yes, what is the condition(s) \_\_\_\_\_
2. Do you have any existing condition(s) that may make you predispose to adverse effects in the event of exposure to the novel Coronavirus? Yes or No, If yes, what is the condition(s) \_\_\_\_\_
3. Does anyone in your house work, or have interactions with others that may cause yourself to become exposed to Covid-19? Yes or No?
4. Are you retired? Yes or No
5. Do you work from home? Yes or No
6. Are you self-employed? Yes or No
7. Do you work with one (1) or more employees? Yes or No?
8. Do you work in a HealthCare setting, grocery store, school or other business where you may be exposed to higher risk employees, customers, or clients? Yes or No, If yes, are you regularly tested for Covid-19? Yes or No?

Based on the answers provided you will be placed into the following categories:

**Low transmission risk, High risk to exposure** (i.e.: immune compromised, predisposing conditions, or over 60 years of age)

**Low transmission risk, Low-Mild risk to exposure** (i.e.: work from home/self-employed, limited exposure chances)

**Mild transmission risk, Low-Mild risk to exposure** (i.e.: works with one or more employees with limited exposure customers, or client/patients)

**High transmission risk, Low risk to exposure.** (Works in Healthcare, school settings, other high risk exposure to others job, or lives with someone in a high risk work field)

These categories will provide days for appointment scheduling.

Mondays and Tuesdays: Low transmission, high risk to exposure

Wednesdays and Thursdays: Low/ Mild transmission risk, low/ mild risk to exposure

Fridays: High transmission risk, low risk to exposure.

Thank you for filling out the application and you will be contacted according to priority and position on waitlist.