

Cozy Acupuncture Clinic

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Acknowledgment of COVID-19

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

The COVID-19 virus is easily spread and can even cause 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 to avoid leaving your home unless it is absolutely necessary.

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

Warning Symptoms of having COVID-19

- COUGH
- FEVER
- FATIGUE
- SHORTNESS OF BREATH

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 hold _____ and all the healthcare providers and staff harmless for any health related conditions that may result from the COVID-19.

Patient Name (PRINT): _____

Signature: _____ Date: _____