

## **Optimal Wellness Weight Loss Center COVID-19 Pre-Screening Protocol and Office Policy**

In order to safely care for all patients, we are opening our office on a limited basis. Office hours are by appointment only. We look forward to seeing our current patients and welcoming our new patients.

Please note your initial new patient consultation for weight loss is free. This is where you can learn about how we can help you and what programs we have available. We have some new and exciting state of the art medical weight loss programs. Please call the office and leave a message with the service that you would like to set up your free consultations. The service will notify Dr Keller and she will contact you to set up an appointment. Dr Keller will be offering these consultations via telemedicine.

For new patients your initial visit after that will be in the office. You have the option to schedule some of your follow up visits via telemedicine. Some restrictions apply. We use Doxyme, which is HIPPA compliant.

We look forward to helping you lose Weight and keep it off. We are dedicated to helping you prevent and or reverse chronic diseases. As this pandemic has shown, having underlying diseases associated with excess weight weakens your immune system and can cause you to have a more severe case with possible life-threatening consequences. This is true not only for COVID-19 but for other infections as well.

Our highest priority is keeping you and our staff safe. To this end we have developed new safety protocols. Including prescreening, temperature checks, limiting patients to only one person in the office at a time, and allowing time in between patients to disinfect.

- **For your safety you will be asked to complete our pre-visit screening questionnaire, prior to your visit in our office. If you have an in office scheduled appointment, when you arrive,**
- **Please remain in your car and text 201 693. 7555.**
- **We will again ask you a series of screening questions and take your temperature prior to you entering the office.**
- **Masks and gloves are required to be worn during the entire time you are in the office. If you forget your mask and gloves, we will provide them for you.**
- **We will only have one patient in the office at a time. Please come alone unless you have discussed this with Dr Keller prior to your visit.** Dr. Keller will be the only person in the office at the time of your visit.
- **We are using strict disinfecting protocols. All surfaces that you will be in contact with will be disinfected before and after your visit.**
- **If you are a new patient, please fill out our intake forms completely and bring them with you.** Intake forms are available to download off our website under patient information.
- **We ask you bring your own pen to sign any additional forms, which will be at the front desk. We will also be accepting credit card payments only.**

If you have any questions or concerns, please text Dr. Keller 201 693 7555

## Pre-Visit Screening Questionnaire

Please answer the following questions Yes or No. For the safety of our patients and staff it is important that you disclose to Optimal Wellness and Dr. Keller any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

- Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit? **YES NO**
- Have you or anyone in your household been tested for COVID-19? **YES NO**
- Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? **YES NO**
- Have you or anyone in your household traveled in the U.S in the past 21days? **YES NO**
- **Traveled outside the country in the last 30 days?** **YES NO**
- Have you or anyone in your household traveled on a cruise ship in the last 21 days? **YES NO**
- Are you or anyone in your household a health care provider or emergency responder **YES NO**
- Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? **YES NO**
- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? **YES NO**
- To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? **YES NO**
- Do you have a weakened Immune system? **YES NO**
- **Do you have: Diabetes Asthma COPD Cancer on Chemo** **(please circle if yes)**
- If your answer is yes to any of the above questions please give detailed answer.

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system.

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please email form and answers to [Info@optimalwellnessctr.com](mailto:Info@optimalwellnessctr.com) 72 hours before your appointment.