

# COVID-19 Check-In Health Screening Questionnaire/Office Safety Procedures

Mielke and Weeks Psychological Services  
1880 Starr-Batt Drive, Building 1 East  
Rochester Hills, MI 48309

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Health Screening Questions:

1. Have you had a fever in the last 24 hours of 100.0°F or above? Yes  No
2. Do you now, or have you recently within the last 24 hours, had any respiratory or flu symptoms, sore throat, or shortness of breath? Yes  No
3. Do you now, or have you recently last 24 hours, had any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes  No

## Safety Procedure Agreement:

I agree to follow the following safety procedures while receiving in-person psychotherapy sessions at our office:

1. I agree to wait in my car until I am called by my therapist to come into the office for my appointment time. I understand that the waiting room will be used as a pass-through area only and will not be available as a waiting area.
2. I agree to use hand sanitizer, provided by my therapist when I am greeted by my therapist at the front door. I understand that hand sanitizer must be used upon entering the office.
3. I understand that only I or the minor/dependent that I am parent/guardian for and accompanying to the session, may come into the office. No other individuals who are not actively participating in counseling session are allowed into the building or are allowed to wait anywhere in the building.
4. I agree to wear my face covering or mask while I am in the office.
5. I agree to adhere to social distancing requirements: maintaining a 6-foot distance from others while in offices, hallways, and other areas.
6. I agree to not have any physical contact with others in the office. (e.g. no shaking hands)
7. I agree to cover my mouth and nose when coughing or sneezing, throw away used tissues in designated trash bins, and then use available hand sanitizer immediately.
8. I agree to tell my therapist immediately if I am not feeling well so that that me and my therapist can discuss if it would be better to stop the session and reschedule at a later date or reschedule for a telepsychology session.
9. I agree to monitor my overall health and well-being and take my temperature prior to arriving to the office for my session to assure it is below 100.0°F before coming for the session.
10. If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all these and all post safety protocols in the office.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature (if applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Therapist Signature**

\_\_\_\_\_  
**Date**