

Pathway to Peace



Patty Oser

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I have been advised that Patty Oser has taken the COVID-19 screening test at a public health clinic on April /2020, and the results were negative for COVID-19, and that she will be using the Ontario COVID-19 Symptom Self-Assessment (<http://covid-19.ontario.ca/self-assessment>) before going to the office. I have been advised that Patty Oser is using guidelines for cleaning and disinfection, use of Personal Protective Equipment and staggering appointments so that clients are not in the clinic at the same time based on guidelines from The Government of Canada and Public Health. I understand that due to the nature of this modality, it is impossible to maintain 2 meter distancing during much of the appointment time, and verify that I accept full responsibility in choosing to attend (and have my child attend) this appointment during the COVID-19 pandemic.

Pre-Screening Patient Form

Patient:

First Name: _____ Last Name: _____

Date of Birth: _____

Name of Patient's Doctor: _____ Tel. Number: _____

If patient is a minor, please provide name(s) and signature(s)/Guardian(s) for permission to receive treatment.

Parent/Guardian Information:

1) First Name: _____ Last Name: _____

Signature: _____ Tel. Number: _____

2) First Name: _____ Last Name: _____

Signature: _____ Tel. Number: _____

COVID-19 Pre-Screening Questions:

- 1. Have you travelled outside of Canada in the past 14 days?**
- 2. Have you tested positive for COVID-19 OR had close contact with a confirmed case of COVID-19 without wearing appropriate PPE (Personal Protective Equipment, like masks etc.)?**
- 3. Do you have any of the following symptoms?**
 - a. Fever
 - b. New onset of cough
 - c. Worsening chronic cough
 - d. Shortness of breath
 - e. Difficulty breathing
 - f. Sore throat
 - g. Difficulty swallowing
 - h. Decrease or loss of sense of taste or smell
 - i. Chills
 - j. Headaches
 - k. Unexplained fatigue/malaise/muscle aches/(myalgias)
 - l. Nausea/vomiting, diarrhea, abdominal pain
 - m. Pink eye (conjunctivitis)
 - n. Runny nose or nasal congestion without other known cause
- 4. If you 70 years of age or older, are you experiencing any of the following symptoms?**
 - a. Delirium
 - b. Unexplained or increased number of falls
 - c. Acute functional decline
 - d. Worsening of chronic conditions

I, _____, the patient (or parent/guardian), have understood the above COVID-19 Pre-Screening questions and have answered these questions to the best of my knowledge and ability.

Print Name: _____

Signature: _____

Date Completing Questions: _____

Please return this completed form to pathwaytopeace123@gmail.com prior to your in-person appointment

Should you have any questions related to COVID-19 safety procedures or an upcoming appointment/treatment please feel free to contact me at the contact information below. Thank you

Sincerely:

Patty Oser
Holistic Energy Practitioner
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