

**Pantaleno Psychological Services, PLLC – Pre-session Health Questionnaire**

Your scheduled session in my office is at your own discretion. I will also ask you and anyone else in the session to wear a facial covering during our session and we will maintain social distancing during our session. Gloves and hand sanitizer will be made available to minimize transmission of COVID-19 if you wish to use them.

Have you **and any other session participant** received both COVID 19 vaccinations?  
YES NO

Have you and any other participant received **all three recommended boosters?** YES NO  
**IF NOT, I AM UNABLE TO MEET IN PERSON AND WE WILL OFFER YOU A TELEHEALTH SESSION**

In the past 14 days, has you or your child, or anyone else accompanying you to today’s appointment or other recent acquaintances:

Tested positive or been diagnosed as having COVID-19?  
YES NO How recently? \_\_\_\_\_

Been in close contact with confirmed or suspected COVID-19 cases? YES NO

Do you, your child, or anyone else accompanying you to today’s appointment or other recent acquaintances have:

A fever above 99.6 degrees?	Yes	No
A cough?	Yes	No
Shortness of breath and/or trouble breathing?	Yes	No
Persistent pain, pressure, or tightness in the chest?	Yes	No
Loss of taste and/or smell?	Yes	No

**I understand that if the answer to any of these questions is yes, I will be asked to reschedule.**

I understand that I will be notified of any suspected or confirmed COVID-19 cases that may arise in Dr. Pantaleno’s offices, and I will be responsible for notifying Dr. Pantaleno if my status with respect to COVID-19 changes.

\_\_\_\_\_  
Patient’s/ Parent’s Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month/Date/Year

\_\_\_\_\_  
**Please print name legibly**