COLORADO CENTER for DERMATOLOGY & SKIN SURGERY

Wellness Screening Form

In order to enter our office, please answer the following:	Yes	No
In the last 2 weeks, have you or anyone in your household had: chills or fever of 100.4 or greater, loss of taste or smell, unexplained persistent cough, shortness of breath, or difficulty breathing?		
In the last 2 weeks, have you or anyone in your household been tested for or diagnosed with COVID-19 (Coronavirus)?		
In the last 2 weeks, have you or anyone in your household had CLOSE CONTACT with anyone known to have COVID-19?		
In the last 2 weeks, do you have any reason to believe that you have been exposed to COVID-19 (e.g. traveling to high-risk area, crowded indoor areas without a mask, etc.)?		

I hereby certify that I have answered the above questions truthfully and to the best of my knowledge. **I understand that if I answered "Yes" to any of the questions above, I will be asked to CALL (303) 761-0906 to reschedule my appointment** to help ensure the health and safety of others.

____ ____

Signature of Patient (or Legal Representative) Date

____ ____

Print Name of Patient Print Name of Legal Representative (if applicable)

COVID-19 SPECIAL CONSENT FORM (REQUIRED FOR ALL PATIENTS)

Despite safeguards instituted by Colorado Center for Dermatology & Skin Surgery to protect against infection, I understand that there is an inherent risk of becoming infected with COVID-19 by virtue of receiving medical care, including medically-necessary and/or elective surgeries, procedures, consultations, and treatments (collectively, "Care"). Such infection could further result in significant sickness, disability, or death. I hereby acknowledge and assume the risk of becoming infected with COVID-19, and I give my express permission for Colorado Center for Dermatology & Skin Surgery, its providers, and its team members to proceed with such Care.

____ ____

Signature of Patient (or Legal Representative) Date

____ ____

Print Name of Patient Print Name of Legal Representative (if applicable)