



REVELATIONS HOLISTIC CENTER
2350, rue Herron, Suite 200, Dorval, Québec H9S 1C3
514-375-2323

COVID-19 PRE-SCREENING FORM

Client Name: _____

Date: _____

Therapist: _____

Service: _____

1) Have you or anyone in your household been outside of the province in the last two weeks?

___ Yes

___ No

2) Are you exhibiting any of the following symptoms? Check all that apply:

___ Cough

___ Fever

___ Loss of smell and/or taste

___ Runny nose

___ Shortness of breath

___ Sore throat

___ None

3) Have you been in contact with anyone who is exhibiting any of the symptoms listed above?

___ Yes

___ No

4) Have you or anyone you have been in contact with, been diagnosed with COVID-19?

___ Yes

___ No