

Deep Dive Individual and Family Counseling Services, PLLC

1100 NW Loop 410, Suite 700, San Antonio, TX, Texas, 78213

Clinical Social Worker/Therapist- Shenna Fisher, BA, MSW, LCSW

Standards for In-Person Clinical Social Work Services During COVID-19 Pandemic

Safety precautions to limit the spread of COVID-19:

- Wait outside the office or in your car until the time of your appointment
- Only two persons can attend the appointment at a time
- Maintain at least 6 feet distance between you and other people (including the therapist) in the office at all times
- Wear a face mask while in the waiting areas of the office and during therapy sessions
- Use hand sanitizer (to be provided) upon arrival to and departure from the office

Symptoms of Covid-19:

- Fever over 100° (You must take your temperature before coming to each appointment)
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Loss of Sense of Smell or Taste

Risk factors for Covid-19:

- Tested positive for COVID-19
- Awaiting results of your own COVID-19 test
- In contact with someone in past 14 days who has tested positive for COVID-19
- Regularly in close contact with others outside of your family
- In prolonged contact with others outside of your family in past 14 days
- Traveled by air, bus, subway, train, or cruise ship in past 14 days
- Working or living in medical healthcare facilities (i.e. hospitals, nursing homes, assisted living facilities, etc.)
- Working in high risk facilities (i.e. prisons, factories, etc.)

Safety precautions your therapist is utilizing:

- Giving clients the option of having in-person or virtual appointments
- Screening all clients and offering teletherapy services to those you are at higher risk for carrying or contracting COVID-19
- Limiting the number of participants to two clients per session
- Routine cleaning of the office building and bathrooms by the office janitorial staff
- Routine cleaning and disinfecting of the office by the therapist
- Use hand sanitizer upon entry and departure of the office
- Optional use of gloves and face masks during the session
- Use of an air purifier during all in-person office appointments
- Client(s) and therapist sitting 6 feet apart during the session
- No physical contact (i.e. hand shaking) between the therapist and client
- Sanitization and reduction in the use and of shared items (i.e. therapeutic sand tray, stress balls, molding clay, magazines, etc.)

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COVID-19 Screening Questionnaire

The continued health and safety of my clients is important, especially during the time of the COVID-19 pandemic. To help reduce the risk of spreading the virus, the COVID-19 Screening Questionnaire below must be completed by all persons participating in face to face appointments on the day of their appointment. Anyone who is unwilling or unable to complete the questionnaire will be asked to attend their appointment virtually rather than in-person. Thank you in advanced for your cooperation with these safety guidelines.

Personal Information:

Full Name: _____

E-mail Address: _____

Phone Number: _____

Today's Date: _____

Date of Your Appointment: _____

Current Temperature: _____

Symptom History:

Have you or anyone in your household experienced any of the following symptoms in the past 14 days:

- 1) Fever over 100 degrees: _____ Yes _____ No
- 2) Cough: _____ Yes _____ No
- 3) Shortness of breath or difficulty breathing: _____ Yes _____ No
- 4) Muscle or body aches: _____ Yes _____ No
- 5) Headache: _____ Yes _____ No
- 6) New loss of taste or smell: _____ Yes _____ No
- 7) Sore throat: _____ Yes _____ No
- 8) Congestion or runny nose: _____ Yes _____ No
- 9) Nausea or vomiting: _____ Yes _____ No
- 10) Diarrhea: _____ Yes _____ No

Contact History:

- 1) In the past 14 days, have you had close contact with anyone who has been diagnosed with COVID-19 or suspected to have COVID-19?
- 2) In the past 14 days, have you had close contact with anyone who has travelled to any other state or any other country? _____ Yes _____ No

If yes, what state(s) or country(ies) _____

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Travel History:

1) In the past 14 days, have you visited any other state? _____ Yes _____ No

If yes, please list all states you have visited _____

2) In the past 14 days, have you visited any other country? _____ Yes _____ No

If yes, please list all countries you have visited _____

Are there any risk other factors that you believe may put you at higher risk of contracting COVID-19?
_____ Yes _____ No

If yes, please explain _____

My therapist, Shenna Fisher, LCSW, has provided me with literature from the Centers for Disease Control and Prevention regarding safety precautions, symptoms, and risk factors of COVID-19 and I understand that I can visit the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or call the CDC (800-232-4636) for more detailed information or guidance about COVID-19.

_____ Yes _____ No

I, _____, attest that the information provide in the above questionnaire is true and accurate to the best of my knowledge.

Client/Parent/Guardian Signature

Date

Time

Decision:

_____ Based on the information provided, the client appears to be low-risk for having COVID-19 and may participate in a face to face therapy appointment today.

_____ Based on the information provided, the client appears to be higher-risk for having COVID-19 and may not participate in a face to face therapy appointment at this time. The client's face to face appointment will be cancelled and rescheduled as a virtual teletherapy appointment. No cancellation fee will be assessed.

Comments: _____

Therapist's Signature

Date

Time