



Keiki Therapy, LLC
Nicole Koranda, OTR/L
64-957 Mamalahoa Hwy
Kamuela, HI 96743
Phone 808-209-7934
Fax 808-883-6262
nicole@keikitherapy.com

Client Health Questionnaire

PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
- I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting COVID-19 symptoms in the past two weeks.
- I have not traveled outside of my immediate daily routine for the past two weeks.
- I do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
- If I begin to show symptoms of COVID-19 within the next two weeks, I will contact my therapist.
- I will follow all clinic rules (washing hands prior to heading back to the treatment area) to keep myself, my therapist and those around me safe.

Signature: _____

Printed Name: _____

Phone Number: _____

Date: _____