



Initial Screening Survey for In-Person Therapy

This form is used for screening purposes to ensure clients and staff feel safe meeting in-person. We ask that you answer the questions as honestly as possible. We will discuss the possibility of in-person sessions based on the answers provided on this form. You are encouraged to inform your clinician if any of the answers on this form have change at any time.

1. Are you a healthcare provider who regularly comes into contact with patients suspected of having COVID-19?
YES NO

2. Do you regularly work in an area with more than 10 people and/or have trouble social distancing at work?
YES NO

3. Do you frequently travel out of the state/country for work or pleasure?
YES NO

If so, are you comfortable with telehealth sessions for 14 days after you arrive back in Illinois?
YES NO

4. Have you been or do you plan on becoming vaccinated before March 1, 2021?
YES NO

5. Do you or anyone you live with have any pre-existing conditions that would impact your health if you entered a public space during the pandemic?
YES NO

6. In general, do you believe you are at a high risk of being exposed to COVID-19?
YES NO

7. Are you comfortable wearing a mask both in the building and in the waiting room?
YES NO

8. If in-person sessions need to be suspended due to changes in CDC/IDPH guidelines or changes to how you answer these questions, would you feel comfortable with transitioning to telehealth?
YES NO