HOMEOPATHIC HEALING
Sarah Trask, BKin, DSHomMed Hons, RCSHom

Homeopathic Healing with Sarah Trask Waiver during Covid19

Patient Name: _____ Date: _____

Please provide initials beside each box indicating you have read and understood the statement.

- o I understand that the novel coronavirus (herein referred to as the virus) causes the disease known as COVID-19. I understand that the virus has a long incubation period during which the carriers of the virus may not show symptoms and still be contagious.
- o I understand that by being treated in close proximity with the homeopathic practitioner and PRT may put me at greater risk of spreading the virus or contracting the virus.
- o I understand that, due to the frequency of visits of other patients, the characteristics of the virus, and of PRT treatment, I may have an elevated risk of contracting the virus by being in the office.
- o I am aware that the Chief Medical Officer of NS Health has asked individuals to maintain physical distancing of at least 2m (6 ft) and that it is not possible to maintain this distance while receiving PRT treatment.

SYMPTOMS AND RISK FACTORS
I confirm that I am not presenting any of the following symptoms of COVID-19:

- o Fever > 38 degrees C
- o Cough
- o Sore Throat
- o Shortness of Breath
- o Difficulty Breathing
- o Flu-like symptoms
- o Runny Nose
- o Headache
- o I confirm that I am not aware of being currently positive for the virus or awaiting the results of laboratory tests for the virus.
- o I understand that the following conditions may place me in a high risk category: diabetes, cardiovascular disease, hypertension, lung disease (incl. moderate to sever asthma), being immuno- compromised , having active malignancy, or being over age 60. If I have any of these conditions, I have informed my Homeopath, and agree to proceed with treatment.
- o I verify that I have not returned to Nova Scotia from anywhere outside the Province whether by car, air, bus, or train in the last 14 days. I understand that any travel from anywhere outside of Nova Scotia requires self-isolation for 14 days from the date of return to Nova Scotia.
- o I verify that I have not been identified as a contact of someone who has tested positive for the virus or asked to self-isolate by the Province of Nova Scotia or any other governmental health agency.

CONSENT TO TREATMENT

- o I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed emergency or urgent dental treatment completed during the COVID-19 pandemic.

Patient Name (printed): _____ Date: _____
Patient Signature: _____
Homeopath Signature: _____

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