



Debbie Smith
HEALER & MASSAGE THERAPIST

Covid-19 Pre-Screening Consultation Form

Healer Massage Therapist COVID-19 Consultation Form

I am committed to providing a safe environment for all my clients and have adopted a strict COVID-19 Infection Prevention and Control policy. As part of this policy I require all clients to complete the following pre-screening COVID-19 questionnaire.

Do you have a confirmed diagnosis of COVID-19?

NO
YES

Are you waiting for a COVID-19 test or test results?

NO
YES

Have you travelled internationally in the last 14 days?

NO
YES

Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?

NO
YES

Do you have any of the following symptoms? Or recently experienced any of the following in the last 14 days.

High Temperature or Fever
New, Continuous Cough
Sore Throat
Shortness of Breath
Runny Nose
Sneezing
Post-Nasal Drip (Coryza)
A loss or alteration to taste or smell

NO
YES

Do you have any of the following?

chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
chronic heart disease, such as heart failure
chronic kidney disease
chronic liver disease, such as hepatitis
chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
diabetes

a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets

have a body mass index (BMI) of 40 or above

are you advised to get a flu jab each year

NO

YES

Do you have cancer and are undergoing active chemotherapy or radiotherapy?

NO

YES

Do you have cancer of the blood or bone marrow such as leukaemia at any stage of treatment?

NO

YES

Have you received an organ transplant and remain on ongoing immunosuppression medication?

NO

YES

Do you have a severe disease of body systems, such as severe kidney disease (dialysis)?

NO

YES

Are you or could you be pregnant?

NO

YES

If the answer is yes to any of the questions above, you must cancel your appointment and follow Government guidance on self-isolation.

NOTE: I have worked hard to put into place some new safety regulations to make your visit to my therapy space as safe as it can possibly can be. However, I must make you aware that there is a risk of exposure to COVID-19 which exists in any public place where other members of the public are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By visiting me, you accept that you do so at your own risk and that I cannot be held responsible for the potential exposure to and infection by COVID-19.

Customers:- Print Name..... signature
Date.....

Therapist:- Debbie Smith Signature Date.....

If you decided to rebook with me, I will be reviewing your situation regarding the above, each appointment you book with me. I will contact you on the day of your appointment either by text, telephone or email to check that there are no changes in any of the questions asked on your previous visit to me.

If the answer is **YES** to any of the questions above, unfortunately I will have to cancel your appointment and you will need to follow Government guidance on self-isolation.

Please sign and date below to state there are still no Yes's to the questions above.

Review dates

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....

Date.....Print name
Signature.....