

(COVID-19) Client Pre-Consultation Form

To help prevent the spread of COVID-19 in the clinic and local community, we ask each client to complete and sign this form before attending for treatment. On review of the form, your practitioner may contact you to ask you not to attend the clinic at this time and will discuss a suitable future appointment for your treatment. N.B. Every question **must** be answered.

We have taken extra measures to safeguard our clients prior to arrival. We kindly ask you to complete this declaration for the safety of you, our patients and therapists.

Client Name:	Client Address:
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Therapist :

QUESTION	YES	NO
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 meters for more than 15 minutes accumulative in 1 day)?		
Have you been advised by a doctor to self-isolate at this time?		
Have you been advised by a doctor to cocoon at this time?		
Do you consider yourself to be in the category of people at higher risk from coronavirus? If you are unsure whether or not you are in an at-risk category, please visit https://www2.hse.ie/ conditions/coronavirus/people-at-higher-risk.html		
If your situation changes after you complete and submit this form you agree to inform your therapist and / or clinic management.		

Please enter any other information you feel is relevant.

CONSENT FORM:

I understand that COVID-19 is highly contagious and still present in the community where I am seeking massage therapy/reflexology. I understand that COVID-19 is passed through close contact with others and that people without symptoms may be infectious. I understand that this therapist has taken every precaution to ensure my health and safety. I also understand that my personal details will be held securely under GDPR and may be used for Contact Tracing process if necessary.

.....Client's signature / Date