Louise Phillips Chinese acupuncture & moxibustion

Client Consent Form – COVID–19

Name:

Contact telephone number: Emergency Contact Name: Emergency Contact Number: Relationship to you:

Have you tested positive or had treatment for COVID-19?

□Yes □ No

Have you, or has anyone you are in close contact with, had any of the following signs or symptoms associated with coronavirus?

Tick if you or someone you've come into contact with, has experienced any of the following symptoms:

A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) \Box

A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) \Box

A loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal \Box

Tick to confirm you've strictly followed the social distancing measures outlined by the government during COVID-19?

□Yes

When you checked your temperature prior to attending this treatment was it within the normal range of $36.1^{\circ}C - 37.2^{\circ}C$

□Yes

□No

I consent to treatment from Louise Phillips Chinese acupuncture & moxibustion. I confirm I am in agreement to the necessary adaptions required to treatments before and during this treatment and subsequent treatments as well as to the suspension of social distancing measures. I confirm that I will notify Louise Phillips Chinese acupuncture & moxibustion if my circumstances have changed in any way in light of the criteria outlined above for subsequent treatments. I confirm I will notify Louise Phillips Chinese acupuncture & moxibustion if I display any of the symptoms outlined above within 14 days following the treatment. I understand that these adaptations help to reduce the risk of Coronavirus but cannot eradicate it. I also confirm that I understand that receiving treatment may increase my risk of exposure to Coronavirus. Please sign below to agree.

Signed:

Date:

Your data will be held in compliance with the usual GDPR policy of this practice