A picture containing room, traffic, street

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**COVID-19 PRE-TREATMENT  
QUESTIONS**

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| **Please complete and return this form no more than 24 hours prior to your treatment and contact your therapist if you have any questions. Thank you.  client, I will ask you to…** | | |
| Your name: | Click or tap here to enter text. | |
| Date of treatment: | Click or tap here to enter text. | |
| Type of treatment: | Click or tap here to enter text. | |
| Do you currently have COVID-19 or any symptoms of COVID-19? | | Yes  No |
| Please defer your treatment if you: are waiting for a COVID-19 test result; have recently tested positive for COVID-19; or have a high temperature, new continuous cough, or a loss or change to your sense of smell or taste. If you currently have symptoms of COVID-19 but have not yet used the NHS 111 online coronavirus service, please do so. If you have any other new or unusual symptoms, please discuss these with your therapist before your appointment. | | |
| Have you had COVID-19? | | Yes  No |
| If you have had COVID-19, please seek consent from your GP or consultant before treatment. | | |
| Does anyone in your household or support bubble have COVID-19 or symptoms of COVID-19? | | Yes  No |
|  | |  |
| Have you been in close contact with anyone else in the past 14 days who has symptoms of COVID-19, or been contacted by the NHS Test and Trace service and told to self-isolate? | | Yes  No |
| If yes to either question, please defer seeing your therapist until it is safe to do so. | | |
| Are you classed as clinically extremely vulnerable or clinically vulnerable? | | Yes  No |
|  | | |
| If you meet the government’s definition of someone who is either clinically extremely vulnerable (high risk) or clinically vulnerable( moderate risk), please discuss this further with your therapist and **seek verbal or written consent** from your GP, midwife or consultant before having a treatment. If you are unsure if you are clinically extremely vulnerable or clinically vulnerable, please refer to the NHS website at [www.nhs.uk](http://www.nhs.uk) | | |
| I am classed as clinically extremely vulnerable or clinically vulnerable and I have received consent Yes ☐ No ☐ | | |
| As of the 8th August, it is a requirement to wear a face mask when attending a treatment (and recommended prior to that date, as of 1sy August). Please select one of the following options:  I am exempt from wearing a face mask ☐  I intend to remove my facemask during the treatment, I will bring a plastic bag to store it ☐  and a fresh facemask for after the treatment.  I intend to wear my mask throughout the treatment and I fully accept all risks associated with doing so ☐ | | |
| Please check your temperature on the morning of your treatment. If it is higher than usual, or if you have any other symptoms, please contact your therapist to defer your treatment. Please ensure that you follow all new procedures explained to you by your therapist, prior to treatment. Your therapist has carried out a full risk assessment and adheres to COVID-19 guidelines produced by the government and their professional association, the Federation of Holistic Therapists (FHT). For more information, visit fht.org.uk/coronavirus | | |