



AILEEN PALMER HOLISTIC THERAPY

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CONSENT FORM (COVID-19)

Therapist Name: AILEEN PALMER

Client Contact Details: _____

Date and Time of Appointment _____

Pre-Screening via phone carried out: **YES / NO**

- The Therapist has undertaken IPC updates in relation to COVID-19 as recommendations by HSE. The current advice from the HSE (<https://www2.hse.ie/coronavirus/>) is that COVID-19 is spread in sneeze or cough droplets.
Transmission is therefore possible by:
 - Coming into close contact with someone who has the COVID-19 symptoms
 - Touching surfaces that someone who has the virus has coughed or sneezed on and bringing your unwashed hands to your face (eyes, nose, or mouth).

- Have any of your answers changed since your pre-screening assessment?

YES / NO

- As current guidelines suggests, it takes up to 14 days for symptoms to appear, so I as your therapists have put a number of procedures in place to limit, as much as possible, the risk of transmission of the virus during your visit.

- I understand that there is a risk of contracting COVID-19 as a result of attending through no fault of the Practice or the therapist.

YES / NO

- I have read, understand, and accepted the terms of COVID-19 Practice Policy and Procedures.

Yes, I accept these terms.

No, please outline what you do not understand: _____

- I agree that Aileen Palmer Holistic Therapy cannot accept responsibility or liability for the transmission of COVID-19, should I become infected.

Yes, I agree

No, I don't agree (therefore treatment cannot be carried out)

Client's Signature: _____

Therapist's Signature: _____

Date: _____

