AILEEN PALMER HOLISTIC THERAPY

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PRE-TREATMENT SCREENING CHECK (COVID-19)

Pre-screening is now a public health recommendation for clients prior to attending for Reflexology Treatments. This measure is an effort to minimise the risk of the spread of COVID-19. Pre-screening should be completed prior to a client attending as a risk management protocol.

Therap	oist Name:	AILEEN PALMER
Contac	ct Details:	
Date a	nd Time contac	d of pre-screening phone call
1.		rmptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or ms now or in the past 14 days?
	Yes/I	
2.	Have you be	diagnosed with or suspected of having COVID-19 virus in the last 14 days?
	Yes/I	
3.		any close contact with a person who was diagnosed with or a suspected case of he past 14 days?
	Yes/I	
4.		your home or household been diagnosed with COVID-19 and advised to self-isolate hospital in the last 14 in relation to COVID19?
	Yes/	
5.	Have you be	advised by a doctor to self-isolate at any time in the last 14 days?
	Yes/I	If Yes why?
6.	Have you be	advised by a doctor to cocoon at this time?
	Yes /	o If Yes why?
purpos above includi	ses of public he information is ing my name ar	ton to any of the above questions. I understand that this information is required for the h and will be kept on file for a <u>2 month period from the date of signing</u> . I confirm that the e and accurate from the date of signing. I understand that my personal information contact details may be shared with the Health Service Executive (HSE) for the sole purpose with public health guidelines only if requested.
Client	Signature:	Therapist's Signature:
Date a	nd time of appo	tment:
* Clien	nt and Reflexolo	et to sign the form at time of appointment

