

# Client Consent Form – COVID-19



Please fill in this form and bring it to your treatment

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 in the last 14 days? Yes / No

***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)

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)

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

When you checked your temperature prior to attending this treatment was it within the normal range of 36.1°C - 37.2°C Yes / No

I consent to treatment from Kirsty Hurd-Thomas, or Shiatsu For Change. I confirm I am in agreement to the necessary adaptations required to treatments before and during sessions as well as to the suspension of social distancing measure. I am happy with the level of PPE which we have discussed personally. 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. I also agree to my details being shared on a need to know basis with NHS track and share.

Please sign below to agree.

Signed:

Date: