

CLIENT INFORMATION: ANDREW SCOTT SHIATSU, PHYSIOTHERAPY & ACUPUNCTURE

Covid-19 Consent Form

September 2020

Your Name:

Contact telephone number:

Emergency Contact Name:

Emergency Contact Number:

Their 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 past 14 days?

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

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°C - 37.2°C

Yes

No

I consent to treatment from Andrew Scott. 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 measures that treatment requires. 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:

Andrew Scott FwSS, MCSP Shiatsu Practitioner & Chartered Physiotherapist,

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