

CLIENT INFORMATION: ANDREW SCOTT SHIATSU, PHYSIOTHERAPY & ACUPUNCTURE

Covid-19 Premises Form

September 2020

Your Name:

Contact telephone number:

While on your premises at the Therapy Room, I agree to:

- Maintain a 2 metre distance from other people whenever possible
- Wear a face mask/ gloves if my practitioner directs me to and not remove the mask/gloves except when directed by staff
- Wash my hands for 20 seconds (or use a hand sanitiser if washing facilities not available) before and after my treatment, before and after using the bathroom, and to maintain hand hygiene at other times by washing hands correctly
- Practice proper cough & sneeze etiquette by coughing/sneezing into tissues, washing hands, disposing of tissues as instructed. I agree that if I am about to cough or sneeze, I will warn my practitioner so that they can maintain a safe distance
- Remain in areas designated for my visit only
- I agree to immediately notify Andrew Scott if I develop symptoms of COVID-19 within fourteen (14) days of my last visit.

Please tick above boxes to agree and sign and date below

Signed:

Date:

Andrew Scott FwSS, MCSP Shiatsu Practitioner & Chartered Physiotherapist,

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