

*Sally Hayden*

As part of our new Health & Safety protocols we require all clients to complete a questionnaire BEFORE we can commence your treatment. This is to ensure we protect both our clients and staff as far as we possibly can.

It is imperative that you answer the following questions accurately.

As per Government Guidelines the most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- A new continuous cough
- A high temperature
- Difficulty breathing
- A loss of, or change in, your normal sense of taste or smell

Have you or has anyone you live with:

- |   |                 |
|---|-----------------|
| • Experienced any of the above symptoms in the last 14 days | <b>YES / NO</b> |
| • Awaiting a result on a test on COVID-19                   | <b>YES / NO</b> |
| • Tested positive for COVID-19 in the last 14 days          | <b>YES / NO</b> |

If the answer to any of the above is YES or you are not sure you MUST cancel your appointment immediately and seek medical advice. You will be able to reschedule your appointment for a later date once the period of Self Isolation is over (as per Government guidelines).

Client Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

These details collected will be held confidentially and in compliance with GDPR along with your normal treatment records.