

## COVID-19 PRE-TREATMENT QUESTIONS

## Please complete and return this form before your treatment, as directed by your therapist, and contact them if you have any questions. Thank you.

Your name:	Click or tap here to enter text.	
Date of treatment:	Click or tap here to enter text.	
Type of treatment:	Click or tap here to enter text.	
Do you currently have	COVID-19 or any symptoms of COVID-19?	Yes 🗆 No 🗆
Please defer your treatment if you: are waiting for a COVID-19 test result; have recently tested positive for COVID-19; or have a high temperature, new continuous cough, or a loss or change to your sense of smell or taste. If you currently have symptoms of COVID-19 but have not yet had a test, please arrange one as soon as possible. If you have any other new or unusual symptoms, please discuss these with your therapist before your appointment.		
Have you had COVID-1	19?	Yes 🗆 No 🗆
If you received medical treatment for COVID-19, please seek verbal or written consent from your GP or consultant before treatment.		
Does anyone in your h COVID-19?	ousehold or support bubble have COVID-19 or symptoms of	Yes 🗆 No 🗆
If the answer is 'yes', defe	er seeing your client until it is safe to do so.	
	e contact with anyone outside of your household/bubble in nas symptoms of COVID-19?	Yes 🗆 No 🗆
	er having a treatment until it is safe to do so, unless you have been PE (e.g. you are NHS staff or a healthcare professional).	
Have you been contact country) and told to se	ted by the NHS Test and Trace service (or equivalent in your elf-isolate?	Yes 🗆 No 🗆
If the answer is 'yes', defe	er having treatment until it is safe to do so.	
Are you currently shie	lding?	Yes 🗆 No 🗆
If yes, please defer treatments until you are no longer shielding.		
Are you classed as clin	ically extremely vulnerable?	Yes 🗆 No 🗆

If you meet the government's definition of someone who is clinically extremely vulnerable, please discuss this further with your therapist and seek verbal or written consent from your GP, midwife or consultant before having a treatment. (If you are unsure if you are clinically extremely vulnerable, please refer to the NHS website at www.nhs.uk).

Please check your temperature on the morning of your treatment. If it is higher than usual, or if you have any other symptoms, please contact your therapist to defer your treatment. Please ensure that you follow all new procedures explained to you by your therapist, prior to treatment. Your therapist has carried out a full risk assessment and adheres to COVID-19 guidelines produced by the government and their professional association, the Federation of Holistic Therapists (FHT). For more information, visit fht.org.uk/coronavirus Please note that if your therapist develops symptoms of COVID-19 and tests positive for the virus, your contact details may be shared with NHS Test and Trace, or the equivalent service in your country (in line with GDPR/data protection), to help minimise the transmission of COVID-19 and support public health and safety.