

Screening Questionnaire prior to a Face to Face Appointment



CLIENT

Name :

Address :

Contact Phone No / Email Address :

1. I confirm that I have not had any of the following symptoms in the last 14 days :
 - High temperature
 - Loss or change of sense of taste or smell
 - New continuous dry cough
 - Skin rash

Yes / No

2. I confirm that, to the best of my knowledge, I have not been in close contact with anyone with confirmed Covid-19 in the last 14 days.

Yes / No

3. I understand that Covid-19 may not cause symptoms in some people which means that holistic practitioners are required to take extra precautions at this time.

Yes / No

4. I confirm that I am aware that social distancing is to be maintained as far as is practicable during my reflexology treatment.

Yes / No

5. I confirm that I am aware that I will be required to thoroughly clean my hands immediately prior to and after my reflexology treatment – either washing with soap and water or using a suitable hand sanitiser.

Yes / No

6. I confirm that I am aware that I will be required to wear a face-covering at all times during my reflexology consultation and treatment, and provide my own drink.

Yes / No

7. I confirm that I have received and understood the Federation of Holistic Therapist (FHT) Covid-19 Information Sheet (*My Pledge to You*) and that, as the client, I will abide by the guidelines stated.

Yes / No

8. I confirm that I understand my reflexologist, as the therapist, will abide by the FHT (*My Pledge to You*) guidelines stated.

Yes / No

Signed (client) : Date :

REFLEXOLOGIST

1. I confirm that I have not had any symptoms of Covid-19 within the last 14 days (as item 1 above) and that I will re-schedule the appointment if I feel unwell.

2. I confirm that, to the best of my knowledge, I have not been in close contact with anyone with confirmed Covid-19 in the last 14 days.

Signed (practitioner) : Date :