**RUTH PRINGLE HOLISTIC:**

**COVID-19 SCREENING QUESTIONNAIRE AND CONSENT FORM**

The safety of my clients remains my priority at Ruth Pringle Holistic. In line with current guidelines all visitors are required to complete this form.

Name

Address

Phone number

Date

|  |  |  |
| --- | --- | --- |
|  | NO | YES |
| **Have you been diagnosed with COVID-19 or do you think you have had it?** |  |  |
| **Have you been tested for COVID-19?** |  |  |
| **Have you been exposed to anyone being tested for COVID-19?** |  |  |
| **Are any members of your household on quarantine for exposure to COVID-19 or tested positive for COVID-19?** |  |  |
| **In the last 14 days have you travelled outside of Northern Ireland?** |  |  |
| **Are you shielding or in the extreme vulnerability group?** |  |  |
| **Do you have any symptoms of Fever / high temperature?** |  |  |
| **Do you have a continuous or new cough?** |  |  |
| **Do you have shortness of breath?** |  |  |
| **Do you have a sore throat, headache or runny nose?** |  |  |
| **Do you have a loss of taste or smell?** |  |  |

Please be aware of the hand sanitisers at the front door and bathroom and their use prior to and after treatment.

Please be aware that the practice will provide a facemask for my use on request.

Please be aware that Ruth Pringle has not had any symptoms in the last 14 days: fever, shortness of breath, dry cough, sore throat, loss of taste/smell.

Please be aware that you have the opportunity to ask all the questions you wish to?

I knowingly and willingly agree to attend and consent to have face-to-face healing / therapy / teaching (incorporating hands on treatment techniques) completed during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. I consent to treatment in the light of the risk of contracting coronavirus and I understand that every precaution possible has been taken to avoid contamination.

I consent to taking full responsibility for my own health and well-being. I understand that Ruth Pringle is not a medical practitioner and if I am concerned about my health in any way, I will contact my GP/health practitioner.

I understand I have a responsibility to notify you if the responses to this questionnaire change and as soon as I become aware of any change.

|  |  |
| --- | --- |
| DATE | SIGNED |
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