



**Covid Form**

In response to Government and Federation of Holistic Therapists guidelines I have put in place some measures to keep both my clients and myself safe.

Please complete this form prior to treatment.

Name -----

Address -----

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Telephone Number ----- Email address -----

I knowingly and willingly consent to treatment(s) during the COVID-19 pandemic.

I understand and accept this statement.

To prevent the spread of COVID-19 and to protect one another, I understand that I will have to follow the treatment room's strict guidelines.

I understand and accept this statement.

I understand that COVID-19 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 of virus testing, therefore Derryn Morton MFHT will not be responsible should I contract the virus.

I understand and accept this statement.

I verify that I have not travelled outside the United Kingdom in the past 14 days.

I understand and accept this statement.

Have you had the recent onset of a new continuous cough?  YES  NO

Do you have a high temperature?  YES  NO

Have you noticed a loss of, or change in, normal sense of taste or smell?  YES  NO

I agree not to come to the treatment room / have mobile treatment(s) with any of the symptoms of COVID-19 and will inform Derryn Morton MFHT ahead of the appointment if any symptoms develop. I understand that Derryn Morton MFHT has the right to refuse treatment to anyone if there is any doubt of COVID-19 symptoms.

I understand and accept this statement.

I have read, understood and completed this questionnaire truthfully. I agree that by signing this questionnaire it constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible treatment plan when having treatment(s) from Derryn Morton.

Signed -----

Date -----