Massage2u

**COVID Consent Form**

**Patient Information and Consent for face-face treatment during COVID Pandemic.**

The massage2u therapist will follow all guidelines set out for them by their governing bodies in relation to face-to face contact with patients during the COVID outbreak.

It is important that you are aware of the changes made to make the treatments as safe as possible. By agreeing to face to face contact it is not always possible to maintain a 1+ metre distance. Changes have therefore been made in the way treatments are carried out:

Additional safety measures to protect clients and therapist include: -

* If the client, therapist, or anybody in their household has symptoms of Covid-19, any appointment should be cancelled. Self-isolation for 7 days should be implemented. A call or text to your therapist 24 hours before the appointment will be required to check everybody is still ok to go ahead.
* All equipment, towels, couch covers, couch, oil vessels, couch carry case, card reader, business cards etc will be washed or sanitised between each client unless consecutive clients are from the same household.
* Client can opt to use their own towels if preferred.
* Using a contactless thermometer, the therapist will take a reading from the client and himself. Temperatures will be noted.
* The therapist will endeavour to avoid touching any at risk surfaces in your household such as, banisters, door handles, doorbells, furniture etc
* For first treatments, a consultation form is required to be filled in. This can either be sent out via email beforehand. Alternatively, the therapist can write all the details down before the treatment.
* If the massage sessions are for 2 or more clients from different households, the therapist will wear a disposable plastic apron between each client.
* Therapist will wash hands for 20 seconds or more before and after the massage.
* Clients will be freshly showered and hands sanitised before massage begins.
* When massaging clients in the supine or face up position, both client and therapist will wear a face mask or shield.
* After the massage all towels, couch covers and cloths will be placed into a plastic bag for washing.
* Any cash exchanged as payment will be placed in an envelope for sanitising later.

It is important to acknowledge that the risk of COVID-19 transmission cannot be eliminated and that ALL patients should consider their NEED for treatment very carefully before requesting ‘Face-to Face’ contact.

**IMPORTANT – It remains the right of the therapist to deny ‘Face-to-Face’ treatment if they deem the risks to either party is too great.**

**Medical Checklist & Consent Form :**

**(This must be completed before your initial face-to-face appointment)**

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Have you or anybody in your household displayed COVID-19 symptoms within the past 2 weeks?  
YES / NO

Have you had a cough/fever/loss of smell or COVID test in the last 2 weeks ?  
YES / NO

Are you considered to be in a vulnerable / high risk group in relation to COVID -19?  
YES / NO

Do you have a compromised immune system?  
YES / NO

Do you have a compromised respiratory system or breathing problems?  
YES / NO

Have you had any type of organ replacement?  
YES / NO

Are you currently on chemotherapy?  
YES /NO

I have agreed with my therapist that a virtual appointment is not indicated?  
YES /NO

I have been informed of the risks associated with Face-to-face treatment with your therapist?  
YES /NO

I have been informed of the safety measures put in place for this therapy to address the risks of COVID-19  
YES / NO

I understand the cleaning processes in place for this treatment  
YES / NO

I understand the procedure for having a face to face appointment  
YES/ NO

Can you exercise to get your heart rate and respiratory rate up without any problem?

YES/NO

Have you had a new onset of muscle aches and pain since the emergence of the virus?

YES/NO

Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?

YES/NO

Title (Mr/Mrs/Miss/Ms) \_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the above summary and am aware of the risks associated with COVID-19

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

Bottom of Form

Temperature reading client....................................

Temperature reading Therapist..............................