Flourish & Flow

Covid 19 risk assessment

In order to ensure the safety of patients and practitioners and to assist track and trace, we would ask you to please complete this form if you are visiting in person for a treatment.

Practitioners name:

Your name:

Gender:

Age:

Arrival time:

Have you had a Covid 19 test?

If yes, what was the result?

If yes when did you take it?

Are you having symptoms?

If yes, what symptoms?

Has any other household member got or had Covid 19?

Do you have any of the following health conditions (Tick any that apply)

Asthma	__	Cancer	__	Diabetes	__
Heart conditions	__	High blood pressure	__	Kidney disease	__
Lung disease	__				

Signed by client: _____

Signed by practitioner: _____

Date: _____

Flourish & Flow

Energy healing to help you back to balance

Zoe Hopper | 07900 401246 | hello.flourish.flow@gmail.com | www.flourishandflow.co.uk
Registered at: The Garden Flat, 39 Blackheath Road, London, United Kingdom SE10 8PE