Client screening document

This is an example of a screening document that would need to be completed by every client, every session, until the COVID-19 situation ends.

This document is separate to your normal intake form.

PERSONAL DETAILS

	Date of visit:
Name:	
Address:	
	Postcode:
Phone (home):	Mobile:
DOB:	
Emergency contact: Name	Emergency number: Number

Please indicate if you have experienced any of the following in the past 14 days

Fever	□ Yes	□ No	Excessive tiredness	□ Yes	□ No
Dry cough	□ Yes	□ No	Shortness of breath	□ Yes	□ No
Sore throat	□ Yes	□ No	Anosmia (loss of smell)	□ Yes	□ No

Have any of your close contacts experienced any of the above symptoms in the last 14 days?

□ Yes □ No

Have any of your close contacts had contact with any confirmed cases of COVID 19 in the last 14 days?

□ Yes □ No

Have any of your close contacts travelled interstate/overseas or to an identified COVID-19 “hotspot” in the last 14 days?

□ Yes □ No

Have any of your close contacts had contact with any confirmed cases of COVID 19 in the last days?

□ Yes □ No

I understand that, because massage involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.[1] I also understand that my contact information may be shared with the relevant government authority for the purpose of contact tracing if required.

*Signature*_____ *Date*_____

[1] https://www.abmp.com/back-to-practice/pre-session-interaction