

## COVID-19 Pre-Treatment Questions and Disclaimer

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**Please complete and return this form within 24 - 48 hours of your scheduled appointment and contact your therapist if you have any questions.**

Name:

Date of Treatment:

Type of Treatment:

Do you currently have COVID-19 or any symptoms of COVID-19? Yes  No

*These include a dry or continuous cough, a high temperature (over 37°C), or a loss or a change in your sense of smell or taste.*

Please defer your treatment if you are waiting for COVID-19 test results, have recently tested positive for COVID-19 or have any of the symptoms mentioned above. If you have any of the symptoms of COVID-19 but have not been tested please telephone the Orkney Covid-19 test centre on 01856 888211 to book a test. If you have any other new or unusual symptoms, please discuss these with your therapist before your appointment.

Have you had COVID-19? Yes  No

*If you have had COVID-19 please seek consent from your GP or consultant before treatment*

Does anyone in your household have COVID-19 or symptoms of COVID-19? Yes  No

Have you been in close contact with anyone else in the past 14 days who has symptoms of COVID-19, or has been contacted by the NHS Test and Protect service and told to self-isolate? Yes  No

Have you travelled out with Orkney in the last 14 days? Yes  No

If the answer to either of the three previous questions is 'yes', please defer seeing your therapist until it is safe to do so.

Are you classed as a vulnerable person (higher risk of contracting COVID-19) Yes  No

*If you are classed as being extremely vulnerable and require shielding, you will have received a letter from NHS explaining this. Defer treatments until the Government indicates that it is safe for you to leave home or have visitors providing non-essential care*

Please check your temperature and assess for any other symptoms of COVID-19 on the morning of your treatment. If your temperature is higher than normal, or you notice any other symptoms, please contact the Pickaquoy Centre and defer your treatment.

Please ensure that you follow all new procedures explained to you by your therapist and the Pickaquoy Centre prior to treatment. A full risk assessment has been carried out by both your therapist and the Pickaquoy Centre and adheres to both Government Guidelines and the professional association(s) governing the practice of your therapist.

### **Declaration**

I knowingly and willingly consent to having hair/skin/body services during the COVID-19 pandemic.

I understand that COVID-19 has a long incubation period during which carriers of the virus may not be showing any symptoms and still be highly contagious and may be unaware they are carriers.

I understand that due to the nature of close contact treatments and frequency of visits by other clients that I have an elevated risk of contacting the virus by attending my appointment.

I can confirm that I am not presenting any of the following symptoms of COVID-19:

- Temperature above 37.8°C or higher
- Loss of taste or smell
- Dry or continuous cough

I consent to having my temperature taken by the therapist on arrival.

I understand that to prevent the spread of COVID-19 I will have to adhere to the guidance outlined by The Pickaquoy Centre and the Therapist.

I agree to all the above information and wish to proceed with my treatment and will not hold the Therapist or The Pickaquoy Centre responsible should I develop symptoms of Covid-19 following my treatment.

Signature (we will accept an electronic signature):

Date: