Complementary Therapists Association

CONSULTATION & CONSENT DOCUMENT – SPECIFIC COVID-19 SCREENING

FULL NAME		
FULL ADDRESS		
POST CODE		
EMAIL ADDRESS		
MOBILE NUMBER		
TESTING		
Have you had a Covid-19 test	YES ☐	NO ☐
Did you self-isolate	YES ☐	NO ☐
What was the date you tested negative		
Do you still have symptoms	YES ☐	NO ☐
Are you registered on the NHS Track & Trace app	YES ☐	NO ☐
SYMPTOMS - Are you experiencing any of the following?		
Severe breathing difficulties or chest pain	YES ☐	NO ☐
Difficulty in waking or confusion	YES ☐	NO ☐
If yes to any of the above call 999		
Fever	YES ☐	NO ☐
Previous symptoms getting worse: cough	YES ☐	NO ☐
Sore throat or runny nose	YES ☐	NO ☐
If any of the above, the advice is to self-isolate for 7 days		
Chills or headache	YES ☐	NO ☐
Painful swallowing	YES ☐	NO ☐
Muscle & joint ache	YES ☐	NO ☐
Fatigue or exhaustion	YES ☐	NO ☐
Loss of taste or smell	YES ☐	NO ☐
If any of the above, the advice is to self-isolate for 7 days. Then taking a test will be necessary. Call 119		

Shortness of breath or difficulty lying down due to chest issues	YES ☐	NO ☐
If any of the above, contact your GP or call 111		
Have you been in contact with anyone with Covid-19 symptoms?	YES ☐	NO ☐
Have you had or are you now experiencing Covid-10 symptoms?	YES ☐	NO ☐
Are you taking your temperature regularly? If so, what is the latest?	YES ☐	NO ☐
Have you recently been hospitalised?	YES ☐	NO ☐
If so, why – please describe:		
Do you have any of the following health issues		
High blood pressure or other heart condition	YES ☐	NO ☐
Diabetes Type 1 or 2 – if so, which?	YES ☐	NO ☐
Cancer	YES ☐	NO ☐
Lung condition	YES ☐	NO ☐
Any other conditions – please list:		
Are you?		
An NHS front line worker	YES ☐	NO ☐
A carer – home or care home	YES ☐	NO ☐
Shielding a vulnerable adult	YES ☐	NO ☐
Pregnant – how many weeks?	YES ☐	NO ☐
Over 70 – will you have a companion with you?	YES ☐	NO ☐
Allergic to latex gloves	YES ☐	NO ☐
Allergic to cleaning products – if yes please specify	YES ☐	NO ☐

SIGNED

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Track & Trace I will inform you.

I consent for you to inform NHS Track & Trace if so required.

Full name: ……

Date: ……

THERAPIST DECLARATION & CONSENT FORM – COPY FOR CLIENT

FULL NAME	
FULL ADDRESS	
POST CODE	
EMAIL ADDRESS	
MOBILE NUMBER	

I do not have Covid-19 to my knowledge
I have/ have not been tested for Covid-19
The test was negative
I take my temperature every day
I have not been in contact with anyone with Covid-19, to my knowledge
I am connected to the NHS Track & Trace app
If either I, or a client, tests positive for Covid-19 I will inform you immediately

SIGNED

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If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Full name: ……

Date: ……