**Consultation and COVID-19 pre treatment consent**

Top of Form

Please complete the following consent form at least 24 hours before your appointment. If this form isn't completed prior to your appointment, your treatment will need to be re-scheduled. This form is required for all treatments with Julie Stuart. Completing this consultation and COVID-19 form will give your therapist the information needed to tailor your treatment and ensure the treatment is safe to go ahead.Bottom of Form

##### Medical History, do you have any of the following, please give details of any medical conditions in the box provided further down the form;

Please give details of any medical conditions

Please give details of any other medical conditions not stated above

Are you currently taking any prescribed medication or supplements?

Do you have any allergies or intolerances? Please give details\*

Are you currently receiving treatment from a GP / health professional? Please give details

**COVID-19 PRE-TREATMENT QUESTIONS**

Do you have COVID-19 or any symptoms of COVID-19\*

Yes

No

Please defer your treatment if you are waiting for a COVID-19 test result, have recently tested positive for COVID-19, or have a high temperature, new continuous cough, or loss or change to your sense of smell or taste. If you currently have symptoms of COVIS-19 but have not used the NHS 111 online coronavirus service, please do so. 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 before your 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 been contacted by NHS Test and Trace service and told to self-isolate?\*

Yes

No

If yes to any of these questions, please defer seeing your therapist until it is safe to do so.

Are you classed as an extremely vulnerable person (high risk)?\*

Yes

No

If you are classed as clinically extremely vulnerable and require shielding, you will have received a letter from the 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.

Are you classed as a vulnerable person (moderate risk)?\*

Yes

No

Unlike people at high risk, those who are classed as clinically vulnerable will not have received a letter from the NHS. If you are unsure if you are clinically vulnerable, please refer to the NHS website at www.nhs.uk. If you meet the definition of someone clinically vulnerable, please discuss this further with your therapist and seek consent from your GP, midwife or consultant before having a treatment.

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**Current lifestyle and health**

Do you smoke?

Yes

No

How would you rate you stress level?

Do you find it hard to relax?

Yes

No

Do you complete regular exercise? Please state how often and type of exercise

Do you drink alcohol regularly?

Yes

No

How would you rate your sleep pattern? Good, poor, broken

Is your diet balanced?

Yes

No

What are your treatment objectives? Any specific areas of concern that you would like to concentrate on in your treatment?

Would you like to receive promotional emails in the future? \*

Yes

No

**Declaration**

(Please read this section carefully and sign below)
“I the undersigned have completed this form as fully and accurately as I can. I believe the details I have given to be correct and understand the importance of providing all information required. I consent to having treatments with the practitioner Julie Stuart.

Client Signature

##### COVID-19 Your therapist will check your temperature on arrival at the clinic. If your temperature is high you will be asked to defer your treatment until it is safe to carry out.

#### Consent for storage of personal information

All personal details collected are for treatment use only. Only information needed for your treatment will be collected. All personal information provided is stored in line with the privacy legislation. Julie Stuart is the only therapist with access to your information. Please tick or sign to confirm you understand and consent to providing Julie Stuart your personal details .