**Client Name** (*please print*)

Tel no:-. email:-

**Risk Assessment Precautions before treatment**

* Have you or have you been in contact with anyone who has had Coronavirus within the past 14 days? **Yes / No**
* Are you or are any of your family members self-isolating due to illness or showing symptoms of the virus? **Yes / No**
* Do you have a high temperature? **Yes / No**
* Do you have a sore throat? **Yes / No**
* Do you have a persistent dry cough? **Yes / No**
* Have you experienced loss of taste or smell? **Yes / No**
* Are you high risk or vulnerable or with underlying health condition? **Yes / No**
* Have you been out of the country in the last seven days? **Yes / No**

**If you have answered YES to any of these questions, we may be unable to treat you at this time and we will contact you to chat further.**

If you are clear to come in for a treatment –Can you please wear a **Facemask** and bring a **Towel** and as **few personal belongings** as possible. We will ask you to wait outside until you are called/phoned. There are no waiting room facilities allowed at present. Please use sanitiser upon entering and leaving the building. Anti-bacterial wipes will be used at various touch points at regular intervals.

All equipment and areas in the treatment room will be cleaned and wiped down between clients. Hand sanitiser will be used prior and during treatment session, the therapist will be wearing personal protection equipment, depending upon Government advice at the time.

If you are at all unsure of your health, please contact us as soon as possible so that we can advise you on the up-to-date Government requirements.

I have read and understood this form and wish to proceed to receive a Bowen Technique session with you at your clinic.

Name

Signature Date

**Return this form to the therapist /clinic by email before appointment.**

[**hello@thebowentherapyclinic.co.uk**](mailto:hello@thebowentherapyclinic.co.uk)

**Gerry – 07900374429 Maureen – 07775897615**