

Health Information & Consent form

Please read this page carefully, sign and **bring it with you.**

If you are unable to print it out you can sign a copy at the clinic.

Covid-19 screening

I confirm that I have **not**:

- had a fever in the last 7 days (Feeling hot to touch on chest and back)
- recently had a persistent dry cough
- had loss of taste and smell, severe headache or severe fatigue in the last few days
(runny nose can be a symptom alongside these with the Delta variant)
- been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus-type symptoms
- been told that I must stay home, self-isolate or self-quarantine

Have you been vaccinated? - Please give date/s :

Vulnerable people:

Are you or is anyone in the household clinically vulnerable? Yes No

If yes, please let me know in advance so I can decide whether you should come

Consent for treatment

I understand that the clinic is classed as a healthcare setting and is Covid Secure using government recommended infection control measures, including PPE.

However, because my treatment involves close proximity for a period of time, I understand there may theoretically be a small increase in risk of disease transmission.

I understand the current practice safeguards in relation to the Covid-19 virus and have had a chance to ask questions. I understand that we will both need to wear masks during treatment.

I understand the possible risks associated with acupuncture as a therapy.

I consent to acupuncture treatment from Gordon Peck as well as massage, heating of points and cupping if needed.

Name:

Date: