

Client Risk Assessment

Have you or anyone in your household ever been diagnosed with Covid-19?

Have you or anyone in your household shown any of the following symptoms in the last 7 days?

Have you or anyone in your family been advised by the government as being clinically vulnerable and to shield?

Are you or anyone in your family currently suffering from:

- Cancer
- Bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- Respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- Rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)

- On immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired

Have you recently travelled abroad?

Have you noticed any new rashes on your body or feet?

Have you experienced any pain or cramping in your legs/calves?

Do you promise to contact your therapist immediately if you or anyone in your household develops symptoms associated with covid-19 within 7 days of your treatment?

If anything changes between now and your appointment time, do you promise to inform your therapist before your appointment date?

Signature:

Date: