

COVID-19 Intake

Client Name: _____

Date: _____ Client Temperature: _____

We take our health and the health of our clients seriously. By answering honestly to the questions below, you help to keep the TruTherapy community safe. If you answer yes to any of the questions below, please know that your appointment will be rescheduled and cancellation fees will be waived.

In the last 14 days:

- Have you had a temperature of 100°F or above?
Yes **No**

- Have you had any respiratory or flu symptoms, sore throat, or shortness of breath?
Yes **No**

- Have you had, any chills, muscle aches, loss of taste or smell, or new rashes or lesions?
Yes **No**

- Have you been in contact with anyone diagnosed with COVID-19 **OR** who has exhibited coronavirus-like symptoms?
Yes **No**

Consent for Treatment

Massage therapy involves close physical proximity over an extended period of time. I understand there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge the risks and consent to receive treatment. I agree to assume those risks, and I release and hold harmless the practitioner/business from any related claims.

Client Signature: _____ Date: _____

Parent or Guardian Signature (for minors): _____ Date: _____

