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CLIENT SCREENING QUESTIONNAIRE

Please complete this form 12 hours before your appointment and click submit.
 We will review this form and contact you to confirm your appointment.
 If you did not pass the screening questionnaire, we will deny your appointment.
 Please rebook when you feel better. Thank you.

APPOINTMENT INFORMATION		
*Last name:	*First name:	Middle name:
*Appointment Date:	*Appointment Time:	*Service:

HEALTH CONDITION		
Do you have any of the following new or worsening symptoms or signs?:	YES	NO
New or worsening cough		
Shortness of breath		
Sore throat		
Running nose , sneezing, or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)		
Hoarse voice		
Difficulty swallowing		
New smell or taste disorder(s)		
Nausea/ Vomiting, diarrhea, abdominal pain		
Unexplained fatigue/malaise		
Chills		
Headache		
Fever		

POSSIBLE EXPOSURE		
Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days ?		
Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?		
Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?		

FOR MASSAGE APPOINTMENTS ONLY
<p>Pandemic Risk Acknowledgment: Risks versus Benefits</p> <p>The novel coronavirus causes the disease known as COVID-19 which has a long incubation period. Carriers of the virus may not show symptoms and still be contagious. The current recommended guideline for social distancing (6 feet or 2 metres) is not possible during a Massage Therapy session and the proximity required for treatment is one way that the novel coronavirus can spread.</p> <p>There is evidence that the virus can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. The close contact nature of massage therapy and being in an enclosed space for prolonged periods both elevate the risk of contracting novel coronavirus.</p> <p>Cherry Aranzanso RMT has taken all necessary precautions and implemented rigid infection protocols. Although minimized, the risk of contracting Covid 19 cannot be completely eradicated under any circumstances.</p> <p>The College of Massage Therapists of Ontario states at this time: "In-person Massage therapy treatment should only be provided when the anticipated benefits of treatment outweigh the risks to the client and the RMT".</p> <p>I verify that I have read and understand the above statement.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Patient/Guardian signature</p>
<p>For Your Protection</p> <p>This section includes information on disinfection/sanitization practices that I have implemented and personal protective equipment that we will be using to keep each other safe.</p> <p>I will have a hand washing station or hand sanitizer ready for you as soon as you arrive and ask that you clean your hands both on entry and before exiting the clinic. Please arrive alone (unless you require assistance) and as close to your treatment time as possible. Anyone entering my clinic space will be asked to leave their contact details to facilitate contact tracing should the need arise.</p> <p>All table linens will have been washed and dried in the highest heat possible, and fresh linens will be used for every client/patient. I will wash my hands and forearms thoroughly before you arrive and again before beginning your treatment.</p> <p>I will be wearing a mask throughout our time together and may include a face shield and gloves if I feel it is necessary. If you don't arrive with your own mask, I will provide you with either a cloth or disposable one upon your arrival. You will be required to wear a mask for the duration of your time in the clinic.</p> <p>After every appointment I will clean and disinfect my treatment room with a Health Canada approved product. Additionally, I will wash and disinfect all high contact surfaces regularly throughout the day.</p> <p>I confirm that I have read and understand the above statement.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Patient/Guardian signature</p>