



## Chair Massage Consent Form

In order to receive the most benefit from your massage and to insure your safety, please read the following information carefully.

Name: ..... Surname: .....

Address (personal or professional) :.....

Email: ..... Tel: .....

Emergency contact (Name & Tel No): .....

### SCREENING QUESTIONNAIRE (Syndromic Surveillance screening for ARI (Acute Respiratory Infection):

<b>Fever:</b> Have you experienced a new onset of fever of more than 38 degrees in the last 14 days ?	YES/ NO
<b>Cough:</b> Have you experienced a new onset of cough in the last 14 days ?	YES/ NO
<b>Travel &amp; Contact:</b> Have you travelled to a country (outside the UK) of high transmission of Covid19 OR have you had contact with someone experiencing Respiratory symptoms in the last 14 days ?	YES /NO
<b>If Yes: 1/Wash your hands 2/Practice Social Distancing from others 3/Wear mask if Symptomatic</b>	

General Questions	Yes	No
Can you confirm that no one in your household / workplace is displaying any symptoms of Covid19 or is currently under Self-isolation requirements ?		
Have you ever had a massage before?		
Do you have any chronic pain, medical conditions, or recent injuries or illnesses?		
Are you under the care of a medical professional, doctor, osteopath, physiotherapist etc.?		
Are you taking any medications which might affect your ability to give feedback during the massage?		
Are you / could you be pregnant?		

Notes / Comments about the above information:

#### During the Massage

1. This massage should feel comfortable at all times. If it doesn't, please inform the practitioner immediately.
2. This Onsite Chair massage is a XX minute routine done through clothing and concentrates on the person's neck, shoulders, back, arms, hands and scalp.
3. The therapist reserves the rights not to treat a patient on any physical, medical, virus or infection ground.

#### Please sign and date the following statement

1. I have read the above information and discussed it with my practitioner. I fully understand that this work does not constitute medical treatment.
2. I take full responsibility for alerting my practitioner to any physical conditions which may affect this massage.

Name: \_\_\_\_\_ Signed \_\_\_\_\_ Date: \_\_\_\_\_