

## Melanie Riley – COVID Screening Form

Fill in the first section and bring to your appointment where I will complete the second section. If you don't have a printer, fill in a blank form on arrival for your appointment.

**You complete these COVID-19 related screening questions:**

Name:	
Appointment:	
Date / method:	

Q1. Have you had the recent onset of a new continuous cough?	Yes	No
Q2. Do you have a high temperature?	Yes	No
Q3. Have you noticed a loss of, or change in, normal sense of taste or smell?	Yes	No
Q4. Have you had Covid-19? <i>If yes, further questions to be asked</i>	Yes	No

**Melanie will complete this section at the appointment:**

As your therapist, to the best of my knowledge, I do not have Covid-19, nor have I been in contact with anyone with Covid-19.

If this changes and either I or one of my clients tests positive, I will inform you immediately and will follow guidance in accordance with Scottish/UK government guidelines.

As the client, to the best of my knowledge, I do not have Covid-19, nor have I been in contact with anyone with Covid-19.

If this changes and either I or one of my household tests positive, I will inform you immediately and will follow guidance in accordance with Scottish/UK government guidelines.

I recognise there is a risk associated with close contact treatment

Signed:

Date: