

Standard Operating Procedure 1.1

PRE-TREATMENT SCREENING CHECK (COVID-19)

Pre-screening is now a public health recommendation for clients prior to attending for Reflexology Treatments. This measure is an effort to minimise the risk of the spread of COVID-19. Pre-screening should be completed prior to a patient attending as a risk management protocol.

Therapist Name: _____

Contact Details: _____

Date and Time contacted of pre-screening phone call _____

1. **Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, or flu like symptoms now or in the past 14 days?**

Yes/No

2. **Have you been diagnosed with or suspected of having COVID-19 virus in the last 14 days?**

Yes/No

3. **Have you had any close contact with a person who was diagnosed with or a suspected case of COVID-19 in the past 14 days?**

Yes/No

4. **Has anyone in your home or household been diagnosed with COVID-19 and advised to self-isolate or admitted to hospital in the last 14 in relation to COVID-19?**

Yes/ No

5. **Have you been advised by a doctor to self-isolate at any time in the last 14 days?**

Yes/No If Yes why?

6. **Have you been advised by a doctor to cocoon at this time?**

Yes / No If Yes why?

(Review all the "Very High Risk" and "High Risk" groups. HSE guidelines)

I have no issues in relation to any of the above 7 questions. I understand that this information is required for the purposes of public health and will be kept on file for a **2 month period from the date of signing**. I confirm that the above information is true and accurate from the date of signing. I understand that my personal information including my name and contact details may be shared with the Health Service Executive (HSE) for the sole purpose of contact tracing in line with public health guidelines only if requested.

Client Signature: _____ Therapist's Signature: _____

Date and time of appointment: _____