**Health information: COVID-19 consent form**

*(In accordance with guidance from the British Acupuncture Council and Public Health England GOV.UK)*

**NAME** (Please print):

**DOB:**

**COVID-19 SCREENING INFORMATION:**

1. **Have you had a fever in the past 7 days?**
2. **Do you have, or have you recently had a persistent dry cough?**
3. **Do you have any other potential COVID-19 symptoms as outlined by Public Health England?** (loss of taste and/or smell, unusual fatigue or SOB)
4. **Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or COVID-19-type symptoms?**
5. **Have you been told to stay at home, self-isolate or been contacted by the GOV.UK Track and Trace app in the last 14 days?**

**CONSENT TO TREATMENT:**

I have read and understand the additional procedures *Gentle Touch Healing & Acupuncture* have implemented to help to minimise the elevated risk of COVID-19 during my acupuncture treatment, and to the best of my knowledge, I am free from COVID-19 and happy to progress with my treatment as planned today.

I hereby give my consent to receive acupuncture treatment from this practitioner

**SIGNED** (client)**:** Practitioner: **DATE:**