

CLIENT HEALTH QUESTIONNAIRE

PLEASE CONFIRM THE FOLLOWING PRIOR TO THE START OF YOUR SERVICE:

	YES	NO
Have you had the recent onset of a new continuous cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a high temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed a loss of, or change in, normal sense of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with or cared for someone with COVID-19 in the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions – however mild your symptoms are – then you will need to reschedule your appointment with us.

NAME

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