



COVID related screening questions

If clients answer yes to any of these questions prior to their face to face consultation (within two weeks) then they must not attend the clinic & the booking must be cancelled by the client via email on pelvichealthinbalance@gmail.com or clicking on the cancellation link in the confirmation email

The same screening questions will be presented upon arrival at the clinic & will need to be completed & signed at this time.

Screening questions (tick for yes);

- Have you had symptoms of COVID-19 (eg fever, cough, tiredness, difficulty breathing, sore throat, cold or flu-like symptoms, loss of taste/smell) within the last 14 days? []
- Have you been in close contact with anyone exhibiting symptoms of COVID-19 in the last 14 days? []
- Has any household member had or is waiting on COVID test results? []
- Have you recently returned (in the last 14 days) from a country with active and ongoing COVID-19 infections? []

Client name (print)_____

Signed_____ Date_____