McKinnon Body Therapy Center

INTAKE FORM COVID-19 ADDENDUM

Student/Therapist Name: _____

Client Name: _____

Date of Session: _____

Have you been tested for COVID-19? **YES ____** **NO ____**

If you have been tested, what were the results? **POSITIVE ____** **NEGATIVE ____**

Date of test: _____

During the last 14 days (2 weeks):

- **Have you been in contact with anyone who has been diagnosed with COVID-19?**

  YES ____ **NO ____**

- **Have you been asked to self-isolate or quarantine by a doctor or local public health official?**

  YES ____ **NO ____**

- **Have you been anywhere with a high infection rate?**

  YES ____ **NO ____**

If you answered "YES" to any of the above, please elaborate…

_____

_____

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Do you now, or have you recently experienced, any of the following AS A NEW PATTERN since the beginning of the pandemic?

- ❑ **Fever**
- ❑ **Chills**
- ❑ **Shortness of Breath**
- ❑ **Cough**
- ❑ **Sore Throat**
- ❑ **Nasal, sinus congestion**
- ❑ **Loss of sense of taste or smell**
- ❑ **Persistent chest pain or pressure**
- ❑ **Diarrhea, digestive upset**
- ❑ **Skin marks, lesions, rashes (especially on the feet)**
- ❑ **Fatigue**
- ❑ **Sudden onset of muscle soreness (not related to a specific activity)**
- ❑ **Discomfort with exertion or exercise**

If you selected any of the conditions listed above, please elaborate…

_____

_____

If you tested positive for COVID-19 or believe you may have had COVID-19 but were not tested:

- **Has your medical doctor cleared you to return to work or to end self-isolation?**

  YES ____ NO ____

- **Has your medical doctor advised you to return to normal activity levels?**

  YES ____ NO ____

What other long-term, post-infection complications continue to affect your life?

_____

_____

Describe your daily physical activity…

_____

_____

Are you taking any medications to manage blood clotting?

_____

_____

Massage should not be performed under certain medical conditions. I affirm that I have stated all my known medical conditions & answered all questions honestly. I agree there shall be no liability on the part of McKinnon BTC if I fail to do so. By including my signature below, I confirm that the information provided here is true & accurate to the best of my knowledge.

Client Signature: _____ Date: _____