



Linton
Therapy
Clinic

**COVID-19 Client
Pre-Treatment
Screening Form**



Wicklow
Lymph
Clinic

Every question **must** be answered. We have taken extra measures to safeguard our clients prior to arrival. We kindly ask you to complete this declaration for the safety of you, our patients and therapists. Please tick (✓) either 'Yes' or 'No' for each question.

Client name:	Therapist name:	
Have you experienced any of the following symptoms in the last 14 days?	Yes	No
○ Cough		
○ Fever		
○ High temperature		
○ Sore throat		
○ Runny nose		
○ Breathlessness		
○ Flu-like symptoms		
Have you been tested for COVID-19 in the last 14 days?		
If yes, what was the result? (Yes =positive, No =negative)		
Has a health professional asked you to self-isolate in the last 14 days?		
Have you been in close contact with someone experiencing COVID-19 symptoms or someone testing positive for COVID-19 in the last 14 days?		
Do you have any underlying conditions considered to be a higher risk of severity to a COVID-19 infection?		
○ 60 years or older		
○ Chronic lung diseases		
○ Moderate to severe asthma		
○ Cardiovascular conditions		
○ Suppressed immunity (e.g., medication / surgery)		
○ Severe obesity (BMI 40 or higher)		
○ Diabetes		
○ Chronic kidney or liver diseases		
If your situation changes after you complete and submit this form, you agree to phone the clinic to notify us (083 303 4403)		

Please note: You have already given consent to the sharing of your information and/or data with 3rd parties relating to COVID-19 **contact tracing** if you have filled in and signed our Data Usage & Retention Statement.

Client Signature:	Date:
Therapist Signature:	Date: