## **Client Respiratory Intake (COVID-19)**

This form must be completed before every appointment (until further notice). Please bring it with you or email a copy to <a href="mailto:lindsay@greshambalancebodyworks.com">lindsay@greshambalancebodyworks.com</a>.

| Name:  |   | _ Date of Birth:   |  |
|--|---|--|--|
| Phone Number:  |   |  |  |
| In the past 14 days, I or someone I ha   | ave been  | in conta   | act with has experienced   |
|  | Yes   | No   |  |
| Fever 100°F +  |   |  |  |
| Unexplained body aches or pain   |   |  |  |
| Coughing   |   |  |  |
| Sore throat  |   |  |  |
| Shortness of breath  |   |  | _  |
| Chills with or without body aches  |   |  |  |
| Recent loss of sense of smell or taste   |   |  |  |
| Unexplained sores on soles of feet   |   |  |  |
| Unusual fatigue  |   |  |  |
| Non-allergy related runny nose   |   |  |  |
| If you answered "yes" to any of the symposite someone diagnosed with COVID-19 assess any cancellation fees due to COV medical care if you have any severe COV the questions we look forward to seeing Please initial:  I understand that, because massactore physical proximity over an extended of disease transmission, including COVID am aware of the risks involved and give from this practitioner.a  I agree that I am providing accurate | 9, please VID-19 rel VID-19 sy you at yo ge therap ed period D-19. By consent t | cancel you<br>lated can<br>imptoms.<br>our sched<br>by work in<br>of time, to<br>signing the | our appointment. We will not cellations. Please seek If you answered "no" to all luled appointment.  volves maintained touch and there may be an elevated risk his form, I acknowledge that massage and bodywork |
|  |   |  |  |
| Signature:   |   | D  | ate:   |

## Client Checklist for COVID-19 Pre-Cautions

For all of our safety, please review this prior to every appointment.

| Appointment Times - Our appointments may be starting at "unusual" times.  This is not a mistake. We are spacing appointments to accommodate for increased required sanitation protocols due to the COVID-19 virus.  |
|---|
| Hygiene - If you must come directly from work please change your clothes prior to entering our office. Arriving freshly showered would be preferred.  |
| Hand Hygiene - In addition to normal hand washing, please wash or sanitize your hands prior to entering the building and after receiving your massage.  |
| MASKS - Everyone entering our office will be required to wear a mask at all times (this includes during your massage session). If you don't have a mask we have fabric masks available. If you would prefer to not wear a mask please cancel your appointment.  |
| Waiting room - To maintain maximum social distancing we will be texting or calling the number used to send you reminder information to let you know when to enter the building for your appointment. If you do not have a car to wait in you are welcome to enter the building prior to our call. Please just do your best to maintain proper social distancing per our state guidelines. |
| Payment options - We will still be accepting all forms of payment. However if you plan to pay in cash please bring exact change if possible.  |

Thank you so much for putting in the extra effort for everyone's safety during this difficult time. Gresham Balance Body Works, LLC and all of the massage therapists associated, are following all safety guidelines related to COVID-19 safety procedures laid out by the Oregon Board of Massage Therapy, Oregon Health Authority, our liability insurances and the State of Oregon.

We will update these forms as new information is released.