

TREATMENT CHECK LIST

(AMEND AS REQUIRED)

CLIENT NAME:

DATE:

ACTION	COMMENTS	YES	NO
Emailed practice/treatment changes			
Pre-treatment consultation carried out			
Covid-19 screening and signed within 48 hours prior to treatment and verbally before entering premises			
Client suitable for treatment?			
Therapist Covid-19 Declaration sent			
Pre-paid if agreed			
Don own PPE (as preferred)			
Collect client from car/greet at door			
Client temperature taken (discretionary)			
Client face mask placed on (supplied or own) (discretionary)			
Client's hands sanitised			
Brought water and pen if required			
Shoes removed			
Client's clothing into container			
Treatment carried out (no facial massage, preferably prone)			
Client re-dresses (keeping on face mask)			
Payment (if not prepaid)			
Clients hands sanitised			
Escort from premises opening and closing all doors			