



COVID-19 Intake form

Office Use Only:

Therapist: _____

Date: _____

Client Name: _____

For the safety of your health and others, please be honest with your responses.

Please circle if you are experiencing the following:

Fever

Cough

Shortness of breath

Sudden loss of taste and smell

Sudden onset body aches

Have you done any air travel domestically or internationally within the past three weeks? Y N

Have you traveled to a location within the past three weeks that the CDC has deemed a hot spot? Y N

Are you spending time with anyone who is considered high risk? Y N

If necessary, are you willing to have your temperature taken? Y N

If necessary, are you willing to wear a mask when you're in the office and during your session? Y N

If you answered NO to the last two questions, you need to reschedule your appointment.

I agree not to touch blankets or anything else in the massage room without permission from my therapist.

I do not hold Stillpoint Massage & Bodywork Studio responsible if I test positive for COVID-19.

For your safety, we will sanitize the reception furniture, phones, credit card machine, door knobs, and all surfaces in the massage room both before and after your session. Thank you for your cooperation.

Signed _____

Date _____

Printed Name _____

Signature of Therapist _____