Heartline
Massage Therapy

# Welcome to Heartline Massage Therapy

## Confidential Patient COVID-19 Intake and Liability Waiver

Client Name_____ Date:_____

**Testing status**

1. Have you been tested for COVID? Yes / No
   When?
   What were the results?

   The antibody? Yes / No
   When?
   What were the results?

**Symptoms:**

2. Are you experiencing any of the following? Circle if YES.

| | |
|---|---|
| Fever? | Cough? |
| Sore throat? | Shortness of breath? |
| Sudden loss of taste and smell? | Fatigue? |
| Chills? | Nasal or sinus congestion? |
| Sudden onset body aches? | New rash or other changes to your skin? |

**Exposure**

3. Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19? Yes / No
4. Have you done any air travel, domestic or international recently? Yes / No
5. Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed? Yes / No

**Requested Actions**

6. Are you willing to wash or sanitize your hands upon entering my office and post-massage?
7. Are you willing to wear a face mask while supine (face up) during the session?

**Consent for Treatment and Liability Waiver**

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be a risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner. I also give the practitioner permission to provide my contact information (only name and phone number, not health or treatment information) to the NM Department of Health should it be required for COVID-19 contact tracing.

Client Signature:_____Date:_____

Signature_____ Date _____