



COVID – 19 General Screening Questions

We are currently working in a pandemic. And while we have been given permission to go back to work it is important that we take the necessary steps to ensure whenever possible, that treatment is happening between a health therapist and a healthy client.

Has anything changed since booking your appointment:

1. Have you travelled outside of the NT in the last 14 days?
2. Are you in self-isolation?
3. Have you been exposed to someone with COVID-19 in the last 14 days?
4. Are you awaiting a COVID-19 test result?
5. Are you experiencing any of the following systems?
Fever, cough, shortness of breath, loss of smell/taste, body aches, sore throat, fatigue, runny nose, diarrhea.
6. Are you experiencing other symptoms? Runny nose, sneezing
7. Are any members of your family in self-isolation, self- monitoring?

To protect ourselves and others, if you replied **YES** to any of the above I will be happy to reschedule your appointment. Also should I experience any of the symptoms above I will not be providing treatment.

Thank you and stay healthy!

