

Intake Form Addendum

To best protect your health and the health of others, please fill out this form before your Massage Therapy, BeautyTek and/or BodyTalk session. Thank you!

NAME: _____ **DATE:** _____

Have you been tested for COVID-19? If yes, what type of test did you have? _____

When was your test? _____ What were the results? _____

Have you been in places with a high infection rate within the last two weeks (e.g., state- designated “hotspots”)? If yes, please explain. _____

Please check if you are experiencing any of the following as a NEW PATTERN since the beginning of the pandemic:

- Fever
- Chills
- Cough
- Sore throat
- Diarrhea, digestive upset
- Nasal, sinus congestion
- Loss of sense of taste or smell
- Fatigue
- Shortness of breath
- Sudden onset of muscle soreness (not related to a specific activity)
- Rash or skin lesions (especially on the feet)

Do you have any new discomfort with exertion or exercise?

“I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive Massage, BeautyTek or BodyTalk from Integrated Wellness.”

“I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.”

I completely understand the above statements and declare that the information provided above is true and accurate to the best of my knowledge.

(print name) (signature)

(date)