Zentuitive Bodyworks

Karen Norman, LMT

COVID-19 Pandemic Information

Client Disclosure

This patient disclosure form seeks information from you that I must consider before making treatment decisions in the circumstances of the COVID-19 virus. The goal is to make sure both you and I are healthy enough on the day of the session to give and receive massage. We want to both have the signs of body function *within normal range and the* ***lack of common Covid-19 symptoms.***

Please take care of yourself: if you are not feeling well or have symptoms of COVID-19 please cancel your appointment. I will not charge for a cancellation if you are not feeling well and need to stay home.

A weak or compromised immune system can put you at greater risk for contracting COVID-19. An updated health history must be completed before treatment. If you are a returning client, I will have your initial health intake for you to look over and update, as well as this COVID-specific form. Please disclose any and all conditions, whether past or current, on your updated health history. It is important to determine if you have any condition that might compromise your immune system.

It is also important that you disclose any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus. It's better to over-report than under-report or minimize what you feel! Some symptoms of COVID-19 can mimic other conditions like allergies and other illnesses. Regardless, if you are experiencing these symptoms, you *must* report them prior to your arrival. Please answer all the questions below. Please understand that I may ask you to consider rescheduling or postponing treatment based on your health history.

In the last 14 days, have you experienced any of the following:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Shortness of breath or trouble breathing? |  |  |
|  |  |  |
| Do you have a dry or productive cough? |  |  |
|  |  |  |
| Do you have a fever (2 degrees above what is normal for you) or above normal temperature (98.6)? Chills? |  |  |
|  |  |  |
| Do you have a runny nose? |  |  |
|  |  |  |
| Do you have any severe muscle or joint aches and pain that came on suddenly and without known cause? |  |  |
|  |  |  |
| Have you noticed purple, blue or white fingertips or toes? |  |  |
|  |  |  |
| Do you currently have a headache that is outside the range of what is usual for you? |  |  |
|  |  |  |
| Have you recently lost or had a reduction in your sense of smell or taste? |  |  |
|  |  |  |
| Do you have a sore throat? |  |  |
|  |  |  |
| Are you nauseated? Experiencing diarrhea? |  |  |
|  |  |  |
| Have you been in contact with someone who has tested positive for COVID-19? |  |  |
|  |  |  |
| Have you tested positive for COVID-19? |  |  |
|  |  |  |
| Have you been tested for COVID-19 and are awaiting results? |  |  |
|  |  |  |
| Have you done any travel by air, bus, ridesharing, taxi or train within the last 14 days? |  |  |

When doing activities, exercises or chores, have you experienced any of the following symptoms in the last 14 days:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Out of breath or coughing during the activity? |  |  |
|  |  |  |
| Odd sensations in extremities, hands or feet? |  |  |
|  |  |  |
| Nausea? |  |  |
|  |  |  |
| Dizziness? |  |  |
|  |  |  |
| Easily tired? |  |  |
|  |  |  |
| Headache? |  |  |
|  |  |  |
| Chest or Muscle Pain? |  |  |

**Have you tested positive for Covid-19 or had a positive antigen test? YES / NO**

If yes, please answer the following questions:

What date were you diagnosed?

Did you feel ill or have any symptoms? If so, what?

Have you had any clotting issues during or since having COVID-19? (please describe)

Did you have any lingering health issues since you were released from quarantine? If so, what?

Are you still experiencing any health issues? If so, what?

Are you on any medications since having COVID-19? If so, please list.

Changes to Massage Treatment and Appointment Protocols

COVID-19 has created some difficult challenges in the operation of a massage/manual therapy business. Several changes and new procedures will be in place for your next appointment to lower our risk of exposure.

* The Covid-19 Data Dashboard for the state will be checked every day to ensure no new large outbreaks of COVID-19 have occurred in King County and that a certain percentage of hospital beds are available (surge capacity). If the surge capacity goes below 20% in King County, I will temporarily close my practice to non-acute patients in order to follow the Governor’s Guidelines in Proclamation 20-24.1. You will not be charged for canceled appointments and rescheduling will occur when my practice is able to reopen again to those with less than urgent need.
* When you come into the waiting area, I will take your temperature with a touchless infrared thermometer. I will check your blood oxygen saturation with a fingertip monitor. I will check your pulse and breath rate. I will be checking myself as well throughout my work day. We may not perceive these changes, but there are changes that happen as COVID-19 attacks the lungs, even before the body's immune response kicks in, which creates fever, fatigue, etc.
* If you have tested positive for COVID-19, or have reason to believe that you have had COVID-19, I will not perform manual therapy for 90 days from that point, regardless of whether you have been cleared for massage by your doctor. (There may be exceptions to this in extenuating situations) This is to allow the inflammation in your body to calm down from the virus. The aftereffects of COVID-19 can put you at increased risk of blood clots. I will keep abreast of the latest research on this and adjust as advised. You may still come in during this time for a shorter, gentle treatment where we focus on relaxation and calming of the nervous system.
* If you have underlying medical conditions that classify you as being at high risk for severe COVID complications should you contract it, it is recommended that you refrain from getting massage. In this case, please contact me for a discussion, as there may be some instances where working with your physicians can give us a clearer picture about what may be appropriate for you.
* Every client will be required to complete a new COVID Health History and COVID Client Disclosure form prior to receiving care. New forms will be mailed or e-mailed to you prior to your appointment so you can take time to fill them out completely. Please bring the forms with you to your next appointment. Do not email because the security of your personal information cannot be assured in electronic form.
* My waiting area is closed. Please come to my door at Suite 2, knock, and I will meet you there to give you a mask to wear during the session. A KN95 is much more protective than a surgical mask or cloth mask, and it is important to me that we are both wearing them properly throughout the duration of our time together. The KN95 may be reused up to 20 times, with proper storage in between use. (A minimum of 5 days in a paper bag, closed at the top)
* Please bring a water bottle to keep in the car for before and after your session.
* All spaces, surfaces and equipment inside the office are cleaned and disinfected after each patient. I am spacing my appointment times so there is ample time in between for opening doors and windows to allow fresh air to circulate.  **I have also invested in a high-end medical-grade hepa air purifier that completely cleans the air in the entire space every 10 minutes at a minimum**. I am also happy to keep windows cracked to allow fresh air during the massage. All this dramatically reduces the amount of aerosolized particles in the air.
* Your KN95 face mask will need to be worn (including the entire nose) the ***entire***time you are within my treatment space. As more and more folks are vaccinated, some details of my protocol are changing slightly. If vaccinated, you may **briefly** remove your mask in the treatment room if you need to blow your nose or drink water. Please sanitize your hands afterwards. If unvaccinated, I will ask you to put on a robe and go into the bathroom to do this. Please wash your hands afterwards and close the bathroom door behind you. If you have difficulty breathing due to the mask, your position will be modified to see if we can alleviate the problem (if face-down is a problem, side-lying positioning is an option.) If a position change does not work, we will end the session early.
* During your entire treatment session, I will be wearing a KN95 mask, eye protection and clothing that will be changed in between every client. Eye protection is available for you if you'd like.
* Surfaces and items handled during each session will be cleaned and disinfected between every client. The fabric chair in the waiting area is steam cleaned between each client.
* All linens including blanket are fresh for each client, having been kept in separate airtight containers after washing.
* You are required to update your massage practitioner on the status of your health before every appointment. You will need to answer COVID-19 symptom questions before every session until further notice. A new questionnaire may be required as new information is gathered on the COVID-19 virus.
* Please let me know in advance if you find yourself in a situation of having to bring another person into the office during your appointment. I will also need to screen them for health and any underlying health risks.
* Payment for services: You may pay me using credit card, check, cash, Venmo (my handle there is @KarenNormanLMT) or Paypal (my handle/email is karen@zentuitivebodyworks.com).

General Information on Covid-19

The final portion of this document provides information I ask you to acknowledge and understand regarding the COVID-19 virus. The COVID-19 virus is a serious and highly contagious ***AIRBORNE*** disease that attacks the vascular system throughout ***all*** systems of the body. The virus is expelled into the air around us when we breathe, talk, cough, sneeze, laugh, or sing. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. I want to ensure you are aware of the additional risks of contracting COVID-19 associated with receiving massage. The nature of massage is such that it is impossible to maintain 6ft of physical distance between us during the session.

COVID-19 is different from the flu and other common illnesses. The COVID-19 virus has a long incubation period. You or I may have the virus, ***not*** show symptoms and yet ***still*** be highly contagious. Infected individuals could be asymptomatic, or symptoms can be similar to other conditions people may experience.

While I will be maintaining strict adherence to protocols for Personal Protection Equipment, cleaning and sanitation from the CDC, OSHA and the WA Department of Health, my office is a shared space with other clients who have had a massage before or after your time. If I and you report no known recent exposure or symptoms, and the above vital signs are within healthy parameters, we can conclude that there is a ***high probability*** of health. With all precautions followed, however, there is still a slight risk.

If someone in my practice tests positive for the coronavirus, I will notify you so that you can take appropriate precautions. If you have tested positive for the coronavirus, please inform me immediately. I may be required by law to notify local health departments that you have been to my office. If I must make a report, I will only provide the minimum information necessary for these requirements.

My goal is to provide a safe environment for massage/manual therapy clients and to advance the safety of our local community. I understand that these new protocols and procedures may seem clinical and cold. I assure you that I will do my best to give you the same friendly, engaged and caring treatment experience you are used to that will also keep us all safe!

If you have questions about anything in this document, please feel free to give me a call or drop me an email so I can provide clarification or discuss issues specific to your situation.

Zentuitive Bodyworks, Karen Norman, LMT

karen@zentuitivebodyworks.com

206-407-9498

Client and Practitioner Agreement

By signing this document, you confirm that you have:

* Answered the COVID-19 questions truthfully or to the best of your ability. You understand that by not answering the COVID-19 questions accurately, you put my health and the health of others at risk.
* Read the changes to my practice protocols and agree to follow them.
* Read the information about COVID-19, and blood clotting.
* Accept that there is an increased risk of contracting the COVID-19 virus if you choose to receive massage/ manual therapy treatment from Karen Norman, LMT.
* You understand and accept the additional risk of contracting COVID-19 from contact at this office.
* You also acknowledge that you could contract the COVID-19 virus from outside this office and unrelated to my visit here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name:** |  | **Date** |  |
|  |  |  |  |
| **Signature** |  |  |  |

I, Karen Norman LMT, attest that I have ***not*** had COVID-19 symptoms. I will routinely check my temperature, oxygen saturation, pulse and breath rate throughout each day as I am working. In the event, that I have any symptoms for COVID-19, I will cancel my appointments to keep everyone safe. I have not travelled by air, bus, rideshare, taxi or train in the past 14 days.

|  |  |  |  |
| --- | --- | --- | --- |
| **LMT Signature** |  | **Date** |  |
|  |  |  |  |